Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

| Fill in this information to identify your case:                        |  |
|--|--|
| United States Bankruptcy Court for the:  Northern District of Illinois |  |
| Case number (If known):  | Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 |

B 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify  | Yourself     |
|---------|-----------|--------------|
|         | Ideliting | 1 0 41 3 611 |

|   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
|---|--|---|--|--|
| 1. Your full name   |  |   |  |  |
| Write the name that is on your government-issued picture            | Luciano<br>First name                          | First name                                    |  |  |
| identification (for example, your driver's license or               |  | Middle name                                   |  |  |
| passport).  | Middle name Munoz-Diaz                         | Middle name                                   |  |  |
| Bring your picture identification to your meeting with the trustee. | Last name                                      | Last name                                     |  |  |
| with the distance.  | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |  |  |
| 2. All other names you  | Luciano  |   |  |  |
| have used in the last 8 years                                       | First name                                     | First name                                    |  |  |
| Include your married or maiden names.                               | Middle name Munoz-Diaz, Jr.                    | Middle name                                   |  |  |
|   | Last name                                      | Last name                                     |  |  |
|   | Luciano  |   |  |  |
|   | First name                                     | First name                                    |  |  |
|   | Middle name Munoz                              | Middle name                                   |  |  |
|   | Last name                                      | Last name                                     |  |  |
|   |  |   |  |  |
| 3. Only the last 4 digits of  | 0 0 7 7  |   |  |  |
| your Social Security  | xxx - xx - <u>9</u> <u>0</u> <u>7</u> <u>7</u> | xxx - xx                                      |  |  |
| number or federal<br>Individual Taxpayer                            | OR   | OR  |  |  |
| Identification number   | 9 xx - xx                                      | 9 xx - xx                                     |  |  |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 2 of 64

Debtor 1 Luciano Munoz-Diaz

| Luciano    | Mulloz-Diaz |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |

| Case number (if known) |
|------------------------|
|------------------------|

| Identification Numbers (EIN) you have used in |                         | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|---|-------------------------|---|--|--|--|
|   |                         | ☑ I have not used any business names or EINs.   | ☐ I have not used any business names or EINs.  |  |  |
|   | the last 8 years        | Business name   | Business name  |  |  |
|   | Include trade names and |   |  |  |  |
|   | doing business as names | Business name   | Business name  |  |  |
|   |                         | EIN   | EIN  |  |  |
|   |                         | EIN   | EIN  |  |  |
| 5.  | Where you live          |   | If Debtor 2 lives at a different address:  |  |  |
|   |                         | 4931 Columbus Drive, Apt. 6   |  |  |  |
|   |                         | Number Street   | Number Street  |  |  |
|   |                         |   |  |  |  |
|   |                         | Oak Lawn IL 60453   |  |  |  |
|   |                         | City State ZIP Code   | City State ZIP Code  |  |  |
|   |                         | Cook  |  |  |  |
|   |                         | County  | County   |  |  |
|   |                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|   |                         | Number Street   | Number Street  |  |  |
|   |                         |   |  |  |  |
|   |                         | P.O. Box  | P.O. Box   |  |  |
|   |                         | City State ZIP Code   | City State ZIP Code  |  |  |
| 6.  | Why you are choosing    | Check one:  | Check one:   |  |  |
| this district to file for<br>bankruptcy       |                         | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|   |                         | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|   |                         |   |  |  |  |
|   |                         |   |  |  |  |
|   |                         |   |  |  |  |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 3 of 64

Luciano Munoz-Diaz Debtor 1

Case number (if known)\_

| Pa  | art 2: Tel                                   | I the Court Abou                                      | t Your B   | ankrup  | otcy Case |                |   |
|-----|--|---|--|---|-----------|----------------|---|
| 7.  | The chapt<br>Bankrupto<br>are choos<br>under | y Code you  |  | oter 11 oter 12   |           |                |   |
| 8.  | How you v                                    | vill pay the fee                                      | local your subn with  I nee Appl  I req By la less pay t | Il pay the entire fee when I file my petition. Please check with the clerk's office in your all court for more details about how you may pay. Typically, if you are paying the fee rself, you may pay with cash, cashier's check, or money order. If your attorney is mitting your payment on your behalf, your attorney may pay with a credit card or check in a pre-printed address.  The detail of the fee in installments. If you choose this option, sign and attach the polication for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  The detail of the fee in installments is not required to, waive your fee, and may do so only if your income is a than 150% of the official poverty line that applies to your family size and you are unable to the fee in installments). If you choose this option, you must fill out the Application to Have the lapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |           |                | y, if you are paying the fee order. If your attorney is pay with a credit card or check otion, sign and attach the nts (Official Form 103A).  ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the |
| 9.  | Have you<br>bankrupto<br>last 8 yea          | y within the  | ☑ No<br>☐ Yes.   | District  | When      | MM / DD / YYYY | Case number  Case number  Case number   |
| 10. | filed by a not filing                        | ding or being spouse who is this case with a business | ☑ No<br>☐ Yes.   | District  Debtor  | When      | MM / DD / YYYY |   |
| 11. | Do you re<br>residence                       |   | ☐ No.<br>☑ Yes.  | Go to line 12.  Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  No. Go to line 12.  Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.  |           |                |   |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 4 of 64

Debtor 1 Luciano Munoz-Diaz
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_\_\_

| Are you a sole proprietor  | 🛭 No.       | Go to Part 4.  |                 |                     |                        |                     |
|--|-------------|--|-----------------|---------------------|------------------------|---------------------|
| of any full- or part-time business?  | ☐ Yes       | . Name and location of b   | usiness         |                     |                        |                     |
| A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as  |             | Name of business, if any   |                 |                     |                        |                     |
| a corporation, partnership, or LLC.  |             | Number Street  |                 |                     |                        |                     |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.                    |             |  |                 |                     |                        |                     |
| to this petition.  |             | City   |                 | St                  | ate ZIP Code           |                     |
|  |             | Check the appropriate i  | box to describe | e your business:    |                        |                     |
|  |             | ☐ Health Care Busine   | ss (as defined  | in 11 U.S.C. § 101  | (27A))                 |                     |
|  |             | ☐ Single Asset Real E  | state (as defin | ed in 11 U.S.C. § 1 | 101(51B))              |                     |
|  |             | ☐ Stockbroker (as def  | ined in 11 U.S  | .C. § 101(53A))     |                        |                     |
|  |             | ☐ Commodity Broker   | (as defined in  | 11 U.S.C. § 101(6)  | )                      |                     |
|  |             | ☐ None of the above  |                 |                     |                        |                     |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).  art 4: Report if You Own                         | ☐ Yes       | I am filing under Chapte the Bankruptcy Code.  I am filing under Chapte Bankruptcy Code.  Any Hazardous Proj | er 11 and I am  | a small business d  | ebtor according to the | e definition in the |
| . Do you own or have any   | <b>☑</b> No |  |                 |                     |                        |                     |
| property that poses or is  | _           | . What is the hazard?  |                 |                     |                        |                     |
| alleged to pose a threat<br>of imminent and<br>identifiable hazard to<br>public health or safety?<br>Or do you own any | _ 100       | . What is the hazard.  |                 |                     |                        |                     |
| property that needs immediate attention?   |             | If immediate attention   | is needed, wh   | y is it needed?     |                        |                     |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?      |             |  |                 |                     |                        |                     |
|  |             | Where is the property  | ? Number        | Street              |                        |                     |
|  |             |  |                 |                     |                        |                     |
|  |             |  | City            |                     | State                  | ZIP Code            |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 5 of 64

Debtor 1 Luciano Munoz-Diaz

Middle Name Last

Case number (if known)

Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

You must check one:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to | receive  | а  | briefing | about |
|----------------------|----------|----|----------|-------|
| credit counseling b  | ecause o | f: | _        |       |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 6 of 64

| Det | ebtor 1 Luciano Munoz-Diaz Case number (if known) Case number (if known)  |  |   |  |  |  |
|-----|---|--|---|--|--|--|
|     |   |  |   |  |  |  |
| D.  | rt 6: Answer These Ques   | tions for Poporting Durneson   |   |  |  |  |
| -   | Answer I nese Ques  | tions for Reporting Purposes   |   |  |  |  |
| 16. | What kind of debts do you have?   | as "incurred by an individual pri  | consumer debts? Consumer debts are imarily for a personal, family, or household                           |  |  |  |
|     | ,   | <ul><li>No. Go to line 16b.</li><li>✓ Yes. Go to line 17.</li></ul>  |   |  |  |  |
|     |   |  | <b>Dusiness debts?</b> Business debts are dement or through the operation of the busin                    |  |  |  |
|     |   | <ul><li>✓ No. Go to line 16c.</li><li>✓ Yes. Go to line 17.</li></ul>  |   |  |  |  |
|     |   | 16c. State the type of debts you owe   | e that are not consumer debts or business   | s debts.   |  |  |
| 17. | Are you filing under<br>Chapter 7?  | ☐ No. I am not filing under Chapte   | er 7. Go to line 18.  | 1997 Mark 1997 karan nadiri Marka 1994-na nada nada 1994 ka 1997 ka 1997 ka 1997 ka 1997 ka 1997 ka 1997 ka 19<br>Nadiri Marka 1997 ka 1 |  |  |
|     | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors?   | ✓ Yes. I am filing under Chapter 7. administrative expenses are ✓ No ☐ Yes   | Do you estimate that after any exempt post of the paid that funds will be available to distri             | roperty is excluded and bute to unsecured creditors?   |  |  |
| 40  | How many creditors do   | 1-49   | 1,000-5,000   | 25,001-50,000  |  |  |
| 16. | you estimate that you owe?  | 50-99<br>100-199<br>200-999  | ☐ 5,001-10,000<br>☐ 10,001-25,000   | □ 50,001-30,000<br>□ 50,001-100,000<br>□ More than 100,000   |  |  |
| 19. | How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000  □ \$50,001-\$100,000  □ \$100,001-\$500,000  □ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion   |  |  |
| 20. | How much do you estimate your liabilities to be?  | ✓ \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000  | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million                       | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion   |  |  |
| Pa  | rt 7: Sign Below  | □ \$500,001-\$1 million  | □ \$100,000,001-\$500 million   | ☐ More than \$50 billion   |  |  |
| Fo  | ryou  | correct.   | declare under penalty of perjury that the i   |  |  |  |
|     | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |   |  |  |  |
|     | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |   |  |  |  |
|     | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |   |  |  |  |
|     |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |  |  |  |
|     |   | Signature of Debtor 1  | Signature of I  | Debtor 2   |  |  |
|     |   | Executed on 9/5/   | Executed on   | MM / DD /YYYY  |  |  |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 7 of 64

|  | Document Pag  | je / 01 04  |  |  |
|--|---|---|--|--|
| otor 1 <u>Luciano Muno</u><br>First Name Middle Nam  | Z-Diaz<br>e Last Name   | Case number (if known)  |  |  |
| r your attorney, if you are presented by one you are not represented an attorney, you do not ed to file this page. | I, the attorney for the debtor(s) named in this petito proceed under Chapter 7, 11, 12, or 13 of title available under each chapter for which the perso the notice required by 11 U.S.C. § 342(b) and, in knowledge after an inquiry that the information in Signature of Attorney for Debtor | 11, United States Code, an n is eligible. I also certify th a case in which § 707(b)(4) | d have explained the relief<br>at I have delivered to the debtor(s)<br>(D) applies, certify that I have no |  |
|  | Martin J. O'Hearn Printed name  Law Offices of Martin J. O'Hearn Firm name  10047 South Western Avenue Number Street  |   |  |  |
|  |   |   |  |  |
|  | Chicago   | IL<br>State   | 60643<br>ZIP Code  |  |
|  | Contact phone (773) 238-4400  | Email address   | martinohearnlaw@sbcglobal.net  |  |
|  | 6185904<br>Bar number   | <u> L</u><br>State  | -  |  |
|  |   |   |  |  |
|  |   |   | ·  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  | •   |   |  |  |
|  |   |   |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| Φ0.45      | cu: c              |
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<u>http://www.uscourts.gov/bkforms/bankruptcy\_form\_s.html</u>#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 12 of 64

| Fill in this information to identify your case: |                              |                                       |           |  |  |
|---|------------------------------|---------------------------------------|-----------|--|--|
| Debtor 1  | Luciano Munoz-Diaz           | 7                                     |           |  |  |
|   | First Name                   | Middle Name                           | Last Name |  |  |
| Debtor 2  |                              |                                       |           |  |  |
| (Spouse, if filing)                             | First Name                   | Middle Name                           | Last Name |  |  |
| United States                                   | Bankruptcy Court for the: No | rthern District of Illinois           |           |  |  |
| Case number                                     | (If known)                   | · · · · · · · · · · · · · · · · · · · |           |  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|  | Your ass           | sets<br>what you own        |
|--|--------------------|-----------------------------|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 0.00                        |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 8,786.00                    |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 8,786.00                    |
| Part 2: Summarize Your Liabilities   |                    |                             |
|  | Your lia<br>Amount | <b>sbilities</b><br>you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 19,944.15                   |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                 | 0.00                        |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$               | 20,530.88                   |
| Your total liabilities   | \$                 | 40,475.03                   |
| art 3: Summarize Your Income and Expenses  |                    |                             |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 511.00                      |
| . Schedule J: Your Expenses (Official Form 106J)   |                    | 1,846.00                    |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 13 of 64

Debtor 1

Luciano Munoz-Diaz

| lame | Middle Nam | ie. |  |
|------|------------|-----|--|

Last Name

Case number (if known)\_\_\_\_

| Pa | Art 4: Answer These Questions for Administrative and Statistical Records  |   |
|----|---|---|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form Yes  | orm to the court with your other schedules. |
| 7. | What kind of debt do you have?  ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.  ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159.                       |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.   | s\$   |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  | Total claim                                 |
|    | From Part 4 on Schedule E/F, copy the following:  |   |
|    | 9a. Domestic support obligations (Copy line 6a.)  | \$0.00                                      |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$0.00                                      |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$0.00                                      |
|    | 9d. Student loans. (Copy line 6f.)  | \$0.00                                      |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$0.00                                      |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | + \$0.00                                    |
|    | 9g. <b>Total.</b> Add lines 9a through 9f.  | \$0.00                                      |

| Fill in this information to identify your case and this filing: |                    |  |           |  |  |
|---|--------------------|--|-----------|--|--|
| Debtor 1  | Luciano Mur        | noz-Diaz                               |           |  |  |
| •   | First Name         | Middle Name                            | Last Name |  |  |
| Debtor 2  |                    |  |           |  |  |
| (Spouse, if filing)   | First Name         | Middle Name                            | Last Name |  |  |
| United States I   | Bankruptcy Court f | for the: Northern District of Illinois |           |  |  |
| Case number   |                    |  |           |  |  |
|   |                    |  |           |  |  |
|   |                    |  |           |  |  |

### Official Form 106A/B

### **Schedule A/B: Property**

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

|        | u own or have any legal or equitable interes                            | st in any residence, building, land, or similar prope  | erty?   |   |
|--------|---|--|---|---|
|        | s. Where is the property?   |  |   |   |
| 11     |   | What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair           | d claims on Schedule D:                 |
|        | Street address, if available, or other description  City State ZIP Code | Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare   | Current value of the entire property? \$ 0.00  Describe the nature of interest (such as fee |   |
|        |   | Other  | the entireties, or a life   |   |
|        | County  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this its property identification number: |   | mmunity property                        |
| lf vou | own or have more than one, list here:                                   | proporty ruominiounom rumbori  |   |   |
| 12     | Street address, if available, or other description                      | What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair           | d claims on <i>Schedule D:</i>          |
|        | Street address, if available, or other description                      | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land  | Current value of the entire property?   | Current value of the portion you own?   |
| ,      | City State ZIP Code   | ☐ Investment property ☐ Timeshare ☐ Other  | Describe the nature of interest (such as fee the entireties, or a life                      | of your ownership<br>simple, tenancy by |
|        |   | Who has an interest in the property? Check one.  |   |   |
|        | County  | <ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>  | Check if this is co   | mmunity property                        |
|        |   | Other information you wish to add about this iterproperty identification number:   |   |   |

| Case 1     | 7-28146<br>lunoz-Diaz | Doc 1   | Filed 09/20/17 | Entered 09/20/17 14:44:20 Page 15 of 64 number (if known) | Desc Main |
|------------|-----------------------|---------|----------------|---|-----------|
| First Name | Middle Name           | Last Na | me             | 1 ago 10 01 0 1   |           |

| 1.3.                                    | Street address, if available   | e, or other description   | What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative   |  | d claims on Schedule D:  |
|---|--|---|--|--|--|
|   |  |   | Manufactured or mobile home  | entire property?   | portion you own?   |
|   |  |   | ☐ Land   | \$   | \$0.00   |
|   | City   | State ZIP Code  | ☐ Investment property ☐ Timeshare ☐ Other  | Describe the nature of interest (such as fee the entireties, or a life   | simple, tenancy by   |
|   |  |   | Who has an interest in the property? Check one.  |  |  |
|   | County   |   | Debtor 1 only  |  |  |
|   | County   |   | Debtor 2 only  | ☐ Check if this is co  |  |
|   |  |   | Debtor 1 and Debtor 2 only   | (see instructions)   | minumity property  |
|   |  |   | At least one of the debtors and another  | (**************************************  |  |
|   |  |   | Other information you wish to add about this ite property identification number:   | em, such as local  |  |
|   |  |   | II of your entries from Part 1, including any entries  |  | \$0.00   |
| Part 2:                                 | own. lease. or have leg  | al or equitable intere  | st in any vehicles, whether they are registered or   | not? Include any vehicle:  | S  |
| <b>Do you</b> oyou own                  | that someone else drive , vans, trucks, tractors,  | s. If you lease a vehicl sport utility vehicles Hyundai                         | Who has an interest in the property? Check one.  | •  | aims or exemptions. Put  |
| Do you oyou own  3. Cars                | that someone else drive<br>, vans, trucks, tractors,<br>lo<br>es   | s. If you lease a vehicles sport utility vehicles Hyundai Sonata                | who has an interest in the property? Check one.  | and Unexpired Leases.  Do not deduct secured cla   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| Do you oyou own  3. Cars                | that someone else drive  , vans, trucks, tractors,  o es  Make:  | s. If you lease a vehicles  sport utility vehicles  Hyundai  Sonata  2002       | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Do you oyou own  3. Cars                | that someone else drive  , vans, trucks, tractors, to es  Make: Model:   | s. If you lease a vehicles sport utility vehicles Hyundai Sonata                | who has an interest in the property? Check one.  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ms Secured by Property.   |
| Do you oyou own  3. Cars                | that someone else drive  , vans, trucks, tractors,  lo es  Make:  Model:  Year:  | s. If you lease a vehicles  sport utility vehicles  Hyundai  Sonata  2002       | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?   |
| Do you oyou own  3. Cars                | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage:  | s. If you lease a vehicles  sport utility vehicles  Hyundai Sonata 2002 138,000 | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Do you oyou own  3. Cars.  N  1 Y  3.1. | that someone else drive  , vans, trucks, tractors,  o es  Make:  Model:  Year:  Approximate mileage:  Other information:   | Hyundai Sonata 2002 138,000   | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br>Current value of the<br>portion you own?   |
| Do you oyou own  3. Cars  N  3.1.       | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and del   | Hyundai Sonata 2002 138,000  nts  sport utility vehicles                        | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,000.00   |
| Do you oyou own  3. Cars.  N  1 Y  3.1. | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and der  town or have more than Make:             | Hyundai Sonata 2002 138,000  hts  Chrysler                                      | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?   | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$1,000.00   |
| Do you oyou own  3. Cars  N  3.1.       | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and del   | Hyundai Sonata 2002 138,000  hts  Chrysler Town & Country                       | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only                             | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,000.00  aims or exemptions. Put d claims on Schedule D:  |
| Do you oyou own  3. Cars  N  3.1.       | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and der  town or have more than Make:             | Hyundai Sonata 2002 138,000  hts  Chrysler Town & Country 2001                  | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only               | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$ 1,000.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |
| Do you oyou own  3. Cars  N  3.1.       | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and del own or have more than Make: Model:        | Hyundai Sonata 2002 138,000  hts  Chrysler Town & Country                       | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only                             | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair                       | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,000.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.                        |
| Do you oyou own  3. Cars  N  3.1.       | that someone else drive  , vans, trucks, tractors, to es  Make: Model: Year: Approximate mileage: Other information: scratches and del town or have more than Make: Model: Year: | Hyundai Sonata 2002 138,000  hts  Chrysler Town & Country 2001                  | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$ 1,000.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 16 of 64 number (if known)

|        |                           | Observator             |   |                                       |  |            |                      |
|--------|---------------------------|------------------------|---|---------------------------------------|--|------------|----------------------|
| 3.3.   | Make:                     | Chevrolet              | Who has an interest in the property? Check one.   |                                       | deduct secured cla<br>ount of any secured  |            |                      |
|        | Model:                    | Blazer                 | ☐ Debtor 1 only☐ Debtor 2 only  |                                       | rs Who Have Clain  |            |                      |
|        | Year:                     | 2003                   | Debtor 1 and Debtor 2 only  |                                       | nt value of the  |            | t value of the       |
|        | Approximate mileage:      | 94,000                 | At least one of the debtors and another   | entire                                | property?  | portior    | you own?             |
|        | Other information:        |                        |   | \$                                    | 3,800.00   | \$         | 3,800.00             |
|        | doesn't run               |                        | ☐ Check if this is community property (see instructions)  | Ψ                                     |  | Ψ          |                      |
| 3.4.   | Make:                     |                        | Who has an interest in the property? Check one.   |                                       | deduct secured cla   |            |                      |
|        | Model:                    |                        | Debtor 1 only   |                                       | s Who Have Clain   |            |                      |
|        | Year:                     |                        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | Current value of the Current value of |  |            | t value of the       |
|        | Approximate mileage:      |                        | At least one of the debtors and another   | entire <sub>l</sub>                   | property?  | portion    | you own?             |
|        | Other information:        |                        |   |                                       | 0.00   |            | 0.00                 |
|        |                           |                        | ☐ Check if this is community property (see instructions)  | \$                                    | 0.00   | \$         | 0.00                 |
|        | 0                         | otors, personal watero | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another |                                       | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |            |                      |
| lf you | own or have more than     | one, list here:        | ☐ Check if this is community property (see instructions)  | \$                                    | 0.00   | \$         | 0.00                 |
| 4.2.   | Make:                     |                        | Who has an interest in the property? Check one.  Debtor 1 only  | the amo                               | deduct secured cla<br>bunt of any secured<br>s Who Have Clain  | d claims o | n <i>Schedule D:</i> |
|        | Year:                     |                        | Debtor 2 only   | Curren                                | nt value of the  | Curren     | t value of the       |
|        | Other information:        |                        | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another   |                                       | property?  |            | you own?             |
|        |                           |                        | ☐ Check if this is community property (see instructions)  | \$                                    | 0.00   | \$         | 0.00                 |
|        |                           |                        | all of your entries from Part 2, including any entrie   |                                       | _  | \$         | 6,225.00             |
| you i  | ia vo attaonicu ioi i alt | 2. Write that numbe    | 1 1010  |                                       |  |            |                      |
|        |                           |                        |   |                                       |  |            |                      |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 17 of 4 number (if known)

#### Part 3: Describe Your Personal and Household Items

| Do | you own or have any le                 | egal or equitable interest in any of the following items?   | Current value portion you of Do not deduct s | own?   |
|----|--|---|--|--------|
| _  | Haveahald wands and                    | firmalahin na   | or exemptions.                               |        |
| 6. | Household goods and                    | rurnisnings<br>ices, furniture, linens, china, kitchenware  |  |        |
|    | _ , , , , , ,                          | ices, furniture, illiens, china, kitchenware  |  |        |
|    | ☐ No ☐ Yes. Describe                   | furniture   | \$   | 100.00 |
| 7. | Electronics                            |   | _  |        |
|    | Examples: Televisions a                | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games |  |        |
|    | ☐ No ☐ Yes. Describe                   | TV, cell phone, computer  | \$   | 200.00 |
| 8. | Collectibles of value                  |   |  |        |
|    | stamp, coin,                           | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles   |  |        |
|    | No Yes. Describe                       |   | \$   | 0.00   |
| 9. | Equipment for sports a                 | nd hobbies  |  |        |
|    | Examples: Sports, photo<br>and kayaks; | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments                                 |  |        |
|    | ☑ No                                   |   | $\neg$                                       |        |
|    | Yes. Describe                          |   | \$   | 0.00   |
| 40 | Fine a man                             |   |  |        |
| 10 | _ '                                    | shotguns, ammunition, and related equipment   |  |        |
|    | ✓ No                                   |   | $\neg$                                       | 0.00   |
|    | Yes. Describe                          |   | \$   | 0.00   |
| 11 | . Clothes  Examples: Everyday clot     | thes, furs, leather coats, designer wear, shoes, accessories  |  |        |
|    | □ No                                   |   | _  |        |
|    | Yes. Describe                          | everyday clothes/shoes  | \$   | 100.00 |
| 10 | . Jewelry                              |   |  |        |
| 12 | -                                      | relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |  |        |
|    | ☐ No ☐ Yes. Describe                   |   | \$   | 0.00   |
| 13 | . Non-farm animals                     |   | _  |        |
|    | Examples: Dogs, cats, b                | irds, horses  |  |        |
|    | ☑ No                                   |   |  | 0.00   |
|    | ☐ Yes. Describe                        |   | \$   | 0.00   |
| 14 | _                                      | I household items you did not already list, including any health aids you did not list  |  |        |
|    | No                                     |   |  |        |
|    | Yes. Give specific information         |   | \$   | 0.00   |
| 15 |  | all of your entries from Part 3, including any entries for pages you have attached umber here   | \$   | 400.00 |
|    |  |   |  |        |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 18 of 4 number (if known)

Part 4: Describe Your Financial Assets

| Do you own or have any  | legal or equitable interest in  | any of the following?   |                        | portion | value of the you own? duct secured claims ions. |
|---|---|---|------------------------|---------|---|
| 16. <b>Cash</b> <i>Examples:</i> Money you                                      | have in your wallet, in your hor  | me, in a safe deposit box, and on hand when   | you file your petition |         |   |
| ☐ No<br>☑ Yes   |   |   | Cash:                  | \$      | 1,000.00  |
|   |   | unts; certificates of deposit; shares in credit unultiple accounts with the same institution, lis |                        | S,      |   |
| ☑ No  |   |   |                        |         |   |
| ☐ Yes   |   | Institution name:   |                        |         |   |
|   | 17.1. Checking account:   |   |                        | \$      | 0.00  |
|   | 17.2. Checking account:   |   |                        | \$      | 0.00  |
|   | 17.3. Savings account:  |   |                        | \$      | 0.00  |
|   | 17.4. Savings account:  |   |                        | - \$    | 0.00  |
|   | 17.5. Certificates of deposit:  |   |                        | - \$    | 0.00  |
|   | 17.6. Other financial account:  |   |                        | - \$    | 0.00  |
|   | 17.7. Other financial account:  |   |                        | - \$    | 0.00  |
|   | 17.8. Other financial account:  |   |                        | - \$    | 0.00  |
|   | 17.9. Other financial account:  |   |                        | - \$    | 0.00  |
|   | or publicly traded stocks investment accounts with brok Institution or issuer name: | erage firms, money market accounts  |                        | \$      | 0.00  |
|   |   |   |                        | _ \$    | 0.00  |
|   |   |   |                        | _ \$    | 0.00  |
| <ul><li>19. Non-publicly traded s<br/>an LLC, partnership,</li><li>No</li></ul> |   | orated and unincorporated businesses, inc   | % of ownership:%       | \$      | 0.00  |
| Yes. Give specific information about  |   |   |                        |         |   |
|   |   |   | %                      | \$      | 0.00  |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Luciano Munoz-Diaz Document Page 19 of 4 number (if known)

| 20. |   | orate bonds and other negotiable and non-negotiable instruments nclude personal checks, cashiers' checks, promissory notes, and money orders.                           |                |        |
|-----|---|---|----------------|--------|
|     | Non-negotiable instrume                   | ents are those you cannot transfer to someone by signing or delivering them.  |                |        |
|     | ☑ No                                      |   |                |        |
|     | Yes. Give specific information about them | Issuer name:  | \$             | 0.00   |
|     |   |   | \$             | 0.00   |
|     |   |   |                | 0.00   |
| 21. | Retirement or pension                     |   | - Annual - A   |        |
|     | No No                                     | RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sha   | aring plans    |        |
|     | Yes. List each                            |   |                |        |
|     | account separately.                       | Type of account: Institution name:  |                |        |
|     |   | 401(k) or similar plan:   | \$             | 0.00   |
|     |   | Pension plan:   | \$             | 0.00   |
|     |   | IRA:  | \$             | 0.00   |
|     |   | Retirement account:   | \$             | 0.00   |
|     |   | Keogh:  | \$             | 0.00   |
|     |   | Additional account:   |                | 0.00   |
|     |   | Additional account:   |                | 0.00   |
|     |   | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |                |        |
|     | ☐ No                                      |   |                |        |
|     | <b>2</b> Yes                              | Institution name or individual:   |                |        |
|     |   | Electric:   | \$             | 0.00   |
|     |   | Gas:  | \$             | 0.00   |
|     |   | Heating oil:  | <b></b> \$     | 0.00   |
|     |   | Security deposit on rental unit: Dream Makers Realty  | \$             | 650.00 |
|     |   | Prepaid rent:   | \$             | 0.00   |
|     |   | Telephone:  | <del></del> \$ | 0.00   |
|     |   | Water:  | \$             | 0.00   |
|     |   | Rented furniture:   | <b></b> \$     | 0.00   |
|     |   | Other:  | <b></b> \$     | 0.00   |
| 23. | Annuities (A contract fo                  | r a periodic payment of money to you, either for life or for a number of years)   |                |        |
|     | <b>☑</b> No                               |   |                |        |
|     | ☐ Yes                                     | Issuer name and description:  |                | 0.00   |
|     |   |   | \$             | 0.00   |
|     |   |   | \$             | 0.00   |
|     |   |   | \$             | 0.00   |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 20 of 4 number (if known)

| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(   | ount in a qualified ABLE program, or under a qualified state b)(1).                              | tuition program.       |  |                 |
|---|--|------------------------|--|-----------------|
| ☑ No  |  |                        |  |                 |
| Yes Institution r   | name and description. Separately file the records of any interest                                | ts.11 U.S.C. § 521(c)  |  |                 |
|   |  |                        | \$   | 0.00            |
|   |  |                        | \$   | 0.00            |
|   |  |                        | \$   | 0.00            |
|   |  |                        | Ψ  |                 |
| 25. Trusts, equitable or future interests in p exercisable for your benefit                         | roperty (other than anything listed in line 1), and rights or p                                  | oowers                 |  |                 |
| <b>☑</b> No   |  |                        |  |                 |
| ☐ Yes. Give specific  |  |                        | •  | 0.00            |
| information about them  |  |                        | \$   | 0.00            |
| 26. Patents, copyrights, trademarks, trade s  Examples: Internet domain names, website  No          | secrets, and other intellectual property es, proceeds from royalties and licensing agreements    |                        |  |                 |
| Yes. Give specific  |  |                        | ¢  | 0.00            |
| information about them  |  |                        | \$   | 0.00            |
| ✓ No  | intangibles<br>nses, cooperative association holdings, liquor licenses, professi                 | onal licenses          |  |                 |
| Yes. Give specific information about them   |  |                        | \$   | 0.00            |
|   |  |                        |  |                 |
| Money or property owed to you?  |  |                        | Current value portion you Do not deduct claims or exen | own?<br>secured |
| 28. Tax refunds owed to you   |  |                        |  |                 |
| ☑ No  |  |                        |  |                 |
| ☐ Yes. Give specific information  |  | Federal: \$            |  | 0.00            |
| about them, including whether   |  | -                      |  | 0.00            |
| you already filed the returns and the tax years   |  | State: \$              |  | 0.00            |
|   |  | Local: \$              |  | 0.00            |
| 29. Family support  Examples: Past due or lump sum alimony,  ✓ No  ☐ Yes. Give specific information | spousal support, child support, maintenance, divorce settlemer                                   | nt, property settlemen | t  |                 |
| Tes. Give specific information  | A  | limony:                | \$   | 0.00            |
|   | l N  | faintenance:           | \$   | 0.00            |
|   | s  | Support:               | \$   | 0.00            |
|   |  | Divorce settlement:    | \$   | 0.00            |
|   | P  | roperty settlement:    | \$   | 0.00            |
|   | nce payments, disability benefits, sick pay, vacation pay, worked loans you made to someone else | ers' compensation,     |  |                 |
| ✓ Yes. Give specific information  | II. Link   |                        |  |                 |
|   | IL Link  |                        | \$   | 511.00          |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 21 of 4 number (if known)

| 31. Interests in insurance policies  Examples: Health, disability, or life insuran                                | ice; health savings account (HS | SA); credit, homeowner's, or renter's insurance          |  |
|---|---------------------------------|--|--|
| <b>☑</b> No   |                                 |  |  |
| Yes. Name the insurance company of each policy and list its value   | Company name:                   | Beneficiary:   | Surrender or refund value:   |
| , ,   |                                 |  | \$0.00   |
|   |                                 |  | \$0.00   |
|   |                                 |  | \$0.00   |
| 32. Any interest in property that is due you  | from someone who has died       |  |  |
|   |                                 | rance policy, or are currently entitled to receive       |  |
| ☐ Yes. Give specific information  |                                 |  | 0.00   |
|   |                                 |  | \$   |
| <ul><li>33. Claims against third parties, whether or Examples: Accidents, employment dispute</li><li>No</li></ul> | -                               |  |  |
| ☐ Yes. Describe each claim  |                                 |  | \$ 0.00  |
| 34. Other contingent and unliquidated claim to set off claims  No   | ns of every nature, including   | counterclaims of the debtor and rights                   | Φ  |
| Yes. Describe each claim  |                                 |  |  |
|   |                                 |  | \$   |
| 35. Any financial assets you did not already  No  Yes. Give specific information                                  | γ list                          |  | \$0.00   |
| 36. Add the dollar value of all of your entrie for Part 4. Write that number here                                 |                                 | entries for pages you have attached                      | \$   |
| Part 5: Describe Any Business-  | Related Property You (          | Own or Have an Interest In. List an                      | y real estate in Part 1.   |
| 37. Do you own or have any legal or equitable.  No. Go to Part 6.  Yes. Go to line 38.                            | ole interest in any business-ro | elated property?   |  |
|   |                                 |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions yo   | ou already earned               |  |  |
| ☑ No  |                                 |  |  |
| ☐ Yes. Describe   |                                 |  | \$ 0.00  |
| 39. <b>Office equipment, furnishings, and supp</b> <i>Examples:</i> Business-related computers, software  No      | -                               | achines, rugs, telephones, desks, chairs, electronic dev | Ψ  |
| ☐ Yes. Describe   |                                 |  | \$ 0.00  |
|   |                                 |  |  |

Case 17-28146

☐ Yes.....

0.00

Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 22 of 64 number (if known) Luciano Munoz-Diaz Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **✓** No ☐ Yes. Describe..... 0.00 41. Inventory **✓** No 0.00 ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures **✓** No ☐ Yes. Describe...... Name of entity: % of ownership: 0.00 0.00 0.00 43. Customer lists, mailing lists, or other compilations **✓** No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... 0.00 44. Any business-related property you did not already list ✓ No ☐ Yes. Give specific 0.00 information ...... 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **✓** No

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 23 of 64 number (if known)

| 48. Crops—either growing or harvested   |  |                                       |                                |            |          |
|---|--|---------------------------------------|--------------------------------|------------|----------|
| ✓ No ☐ Yes. Give specific information   |  |                                       |                                | \$         | 0.00     |
| 49. Farm and fishing equipment, implements, machinery, fixture  | s, and tool                                    | s of trade                            |                                |            |          |
| ☑ No  |  |                                       |                                | 7          |          |
| Yes   |  |                                       |                                | \$         | 0.00     |
| 50. Farm and fishing supplies, chemicals, and feed  |  |                                       |                                |            |          |
| ☑ No  |  |                                       |                                |            |          |
| ☐ Yes   |  |                                       |                                |            | 0.00     |
|   |  |                                       |                                | \$         | 0.00     |
| 51. Any farm- and commercial fishing-related property you did n   | not already                                    | list                                  |                                |            |          |
| ☐ Yes. Give specific  |  |                                       |                                |            | 0.00     |
| information   |  |                                       |                                | \$         | 0.00     |
| 52. Add the dollar value of all of your entries from Part 6, includ for Part 6. Write that number here  |  |                                       | _                              | \$         | 0.00     |
|   |  |                                       |                                |            |          |
| Part 7: Describe All Property You Own or Have   | an Intere                                      | est in That `                         | You Did Not List Above         |            |          |
| 50 De very house of the supervisor of consistent very distinct of the supervisor of | 1:-40  |                                       |                                |            |          |
| 53. Do you have other property of any kind you did not already leading to be a second to be seen   | list?  |                                       |                                |            |          |
| ☑ No  |  |                                       |                                | \$         | 0.00     |
| ☐ Yes. Give specific information  |  |                                       |                                | \$         | 0.00     |
|   |  |                                       |                                | \$         | 0.00     |
| 54 Add the deller value of all of comparing from Part 7. Write A  | la a 4 la a                                    |                                       | <b>→</b>                       | Ф.         | 0.00     |
| 54. Add the dollar value of all of your entries from Part 7. Write t  | nat numbe                                      | r nere                                | <b>7</b>                       | Ψ          |          |
| Part 8: List the Totals of Each Part of this Form   |  |                                       |                                |            |          |
|   | <u>-                                      </u> |                                       |                                |            | 0.00     |
| 55. Part 1: Total real estate, line 2   |  |                                       | <b></b> →                      | \$         |          |
| 56. Part 2: Total vehicles, line 5  | \$   | 6,225.00                              |                                |            |          |
| 57. Part 3: Total personal and household items, line 15   | \$   | 400.00                                |                                |            |          |
| 58. Part 4: Total financial assets, line 36   | \$   | 2,161.00                              |                                |            |          |
| 59. Part 5: Total business-related property, line 45  | \$   | 0.00                                  |                                |            |          |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$   | 0.00                                  |                                |            |          |
| 61. Part 7: Total other property not listed, line 54  | +\$  | 0.00                                  |                                |            |          |
| 62. <b>Total personal property.</b> Add lines 56 through 61   | \$   | 8,786.00                              | Copy personal property total   | <b>+</b> ¢ | 8,786.00 |
| oz. rotal personal property. Add lines so through on.   | Ψ  | · · · · · · · · · · · · · · · · · · · | Copy personal property total 🕇 | T \$       | <u> </u> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  |  |                                       |                                | \$         | 8,786.00 |
| 03. Potal of all property of Schedule A/B. Add line 33 + line 02  |  |                                       |                                | Ψ          |          |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | art 1: Identif                                      | fy the Property You Claim                                       | as Exempt  |  |                                    |
|----|---|---|--|--|------------------------------------|
|    | ✓ You are clai                                      | ming state and federal nonband<br>ming federal exemptions. 11 U | cruptcy exemptions. 11<br>.S.C. § 522(b)(2)                            | • •  |                                    |
|    |   | on of the property and line on<br>that lists this property      | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.  | Specific laws that allow exemption |
|    | Brief<br>description:<br>Line from<br>Schedule A/B: | 2002 Hyundai Sonata 3.1   | \$ <u>1,000.00</u>   | ✓ \$ 650.00  □ 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
|    | Brief<br>description:<br>Line from<br>Schedule A/B: | 2001 Chrysler Town & Country 3.2                                | \$ <u>1,425.00</u>   | <ul> <li>         ∑ \$ 2,400.00     </li> <li>         □ 100% of fair market value, up to any applicable statutory limit     </li> </ul> | 735 ILCS 5/12-1001(c)              |
|    | Brief<br>description:<br>Line from<br>Schedule A/B: | 2003 Chevrolet Blazer   | \$_3,800.00  | ☑ \$ 2,400.00<br>☐ 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(c)              |
| 3. | (Subject to adju  ✓ No                              | ·   | years after that for case  | s filed on or after the date of adjustment.  1,215 days before you filed this case?  | )                                  |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

Luciano Munoz-Diaz

Middle Name

Last Name

Document Page 25 of 64 number (if known)

### Part 2:

Debtor 1

#### **Additional Page**

|   | on of the property and line<br>A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption |
|---|---|--------------------------------------|--|------------------------------------|
|   |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption  |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B: | Furniture 6   | \$100.00                             | ■ \$100.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | Electonics  | \$200.00                             | \$200.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | Clothes 11  | \$100.00                             | \$ \$ 100% of fair market value, up to any applicable statutory limit        | 735 ILCS 5/12-1001(a)(e)           |
| Brief description: Line from Schedule A/B:          | <u>Cash</u> 16  | \$1,000.00                           |  | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | Security Deposit  | \$650.00                             | <ul><li></li></ul>   | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | <u>IL Link</u><br><u>30</u>                                 | \$511.00                             | \$ \$ 100% of fair market value, up to any applicable statutory limit        | 735 ILCS 5/12-1001(g)              |
| Brief description: Line from Schedule A/B:          | 2003 Chevy Blazer<br>3.3                                    | \$3,800.00                           | ■ 1,400.00 ■ 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          |   | \$                                   | \$<br>100% of fair market value, up to<br>any applicable statutory limit     |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B: |   | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief description: Line from Schedule A/B:          |   | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B: |   | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |
| Brief<br>description:<br>Line from<br>Schedule A/B: |   | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit        |                                    |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 26 of 64

| Fill in this information to identify your case:                       |             |             |           |  |  |  |
|---|-------------|-------------|-----------|--|--|--|
| Debtor 1  | Luciano Mur | oz-Diaz     |           |  |  |  |
| 20210.  | First Name  | Middle Name | Last Name |  |  |  |
| Debtor 2  |             |             |           |  |  |  |
| (Spouse, if filing)   | First Name  | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the: Northern District of Illinois |             |             |           |  |  |  |
| Case number (If known)  |             |             |           |  |  |  |

☐ Check if this is an amended filing

### Official Form 106D

### **Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

| for each claim. If more than one creditor ha   | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.  | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|---|---|-----------------------------------|
| 2.1 OneMain fka Springleaf   | Describe the property that secures the claim:  | \$11,192.00   | \$1,000.00  | \$0.00                            |
| Creditor's Name 6618 S. Pulaksi Number Street  | 2002 Hyundai Sonata  | arrears   | 5 0.00  |                                   |
| Chicago IL 60629-5138 City State ZIP Code  Who owes the debt? Check one.   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |   |   |                                   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Nature of lien. Check all that apply.  ✓ An agreement you made (such as mortgage or secured car loan)  ◯ Statutory lien (such as tax lien, mechanic's lien)  ◯ Judgment lien from a lawsuit  ◯ Other (including a right to offset) | _   |   |                                   |
| Date debt was incurred   | Last 4 digits of account number 6 4 6 8  |   |   |                                   |
| Turner Acceptance Corp   | Describe the property that secures the claim:  | \$ 4,501.00   | \$1,425.00  | \$0.00                            |
| 5900 W. Howard Street  Number Street   | 2001 Chrysler Town & Country   | arrears \$  | 0.00  |                                   |
| Skokie IL 60077 City State ZIP Code  Who owes the debt? Check one.   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  |   |   |                                   |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a                | □ An agreement you made (such as mortgage or secured car loan)     □ Statutory lien (such as tax lien, mechanic's lien)     □ Judgment lien from a lawsuit     □ Other (including a right to offset)                               | _   |   |                                   |
| community debt   |  |   |   |                                   |
| Date debt was incurred   | Last 4 digits of account number 7 0 0 7  Column A on this page. Write that number here:  | \$15,693.00   | T   |                                   |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

Debtor 1 Luciano Munoz-Diaz

First Name Middle Name Last Name

Document

Page 27 of 64
Case number (if known)

Column A Column B Column C **Additional Page Amount of claim** Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim value of collateral If any 2.3 Turner Acceptance Corp 4,251.15 3,800.00 Describe the property that secures the claim: Creditor's Name 5900 W. Howard Street 2003 Chevy Blazer Number Street arrears \$ 0 00 As of the date you file, the claim is: Check all that apply. 60077 Skokie IL Contingent State ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) ■ Debtor 1 and Debtor 2 only ☐ Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) ☐ Check if this claim relates to a community debt Last 4 digits of account number 6 8 7 1 Date debt was incurred 2.4 Describe the property that secures the claim: Creditor's Name arrears \$ Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code Disputed Who owes the debt? Check one Nature of lien. Check all that apply. ☐ Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 2.5 Describe the property that secures the claim: Creditor's Name Number arrears \$ As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code Unliquidated State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: 4.251.15 If this is the last page of your form, add the dollar value totals from all pages. 19,944.15

Write that number here:

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Fill in this information to identify your case: Luciano Munoz-Diaz Debtor 1 First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations ☐ At least one of the debtors and another ☐ Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ■ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other. Specify Is the claim subject to offset? ☐ No

Yes

Erst Name Middle Name Last Name Document Entered 09/20/17 14:44:20 Page 29 of 64

| Desc Main |
|-----------|
|-----------|

**List All of Your NONPRIORITY Unsecured Claims** 

| 3.  | Do any creditors have nonpriority uns ☐ No. You have nothing to report in thi ☑ Yes   |                         |                                       |   |             |
|-----|---|-------------------------|---------------------------------------|---|-------------|
|     | List all of your nonpriority unsecured<br>nonpriority unsecured claim, list the cred<br>included in Part 1. If more than one cred<br>claims fill out the Continuation Page of F | not list claims already |                                       |   |             |
|     |   |                         |                                       |   | Total claim |
| 4.1 | Fifth Third Bank Credit   |                         |                                       | Last 4 digits of account number 0 3 8 5   | 222.00      |
|     | Nonpriority Creditor's Name   |                         |                                       |   | \$392.00    |
|     | 5050 Kingsley Dr; MD# 1MOC  | G                       |                                       | When was the debt incurred?   |             |
|     | Cincinnati  | ОН                      | 45263                                 |   |             |
|     | City  | State                   | ZIP Code                              | As of the date you file, the claim is: Check all that apply.  |             |
|     |   |                         |                                       | ☐ Contingent  |             |
|     | Who incurred the debt? Check one.   |                         |                                       | ☐ Unliquidated  |             |
|     | Debtor 1 only   |                         |                                       | ☐ Disputed  |             |
|     | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only   |                         |                                       | Type of NONPRIORITY unsecured claim:  |             |
|     | At least one of the debtors and another   |                         |                                       | Student loans   |             |
|     | ☐ Check if this claim is for a commu  | altu dabt               |                                       | Obligations arising out of a separation agreement or divorce  |             |
|     |   | nity debt               |                                       | that you did not report as priority claims  |             |
|     | Is the claim subject to offset?  ✓ No   |                         |                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card                                |             |
|     | Yes   |                         |                                       | Other. Specify Orodit Out a   |             |
|     | 1   |                         |                                       | 4 0 0 0   | s 516.00    |
| 4.2 | T-Mobile c/o Enhanced Recover Nonpriority Creditor's Name   | ery Com                 | pany                                  | Last 4 digits of account number 4 3 2 0  When was the debt incurred?  | \$510.00    |
|     | PO Box 57547  |                         |                                       | when was the debt incurred?   |             |
|     | Number Street   |                         |                                       |   |             |
|     | Jacksonville  | FL                      | 32241                                 | As of the date you file, the claim is: Check all that apply.  |             |
|     | City  | State                   | ZIP Code                              | Contingent  |             |
|     | Who incurred the debt? Check one.   |                         |                                       | Unliquidated  |             |
|     | Debtor 1 only   |                         |                                       | ☐ Disputed  |             |
|     | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only   |                         |                                       | Type of NONPRIORITY unsecured claim:  |             |
|     | ☐ At least one of the debtors and another   |                         |                                       | ☐ Student loans   |             |
|     | ☐ Check if this claim is for a commun   | nity debt               |                                       | Obligations arising out of a separation agreement or divorce  |             |
|     | Is the claim subject to offset?   | mry dobt                |                                       | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   | ;           |
|     | No  |                         |                                       | Other. Specify Cell/Collection  |             |
|     | Yes   |                         |                                       |   |             |
| 4.3 | DirecTV c/o Enhanced Recove   | erv Com                 | pany                                  | Last 4 digits of account number _5 _3 _8 _1   | 404.00      |
|     | Nonpriority Creditor's Name   | , , , , ,               | · · · · · · · · · · · · · · · · · · · | When was the debt incurred?   | \$424.00    |
|     | 20816 44th Avenue West  |                         |                                       |   |             |
|     | Lynwood   | WA                      | 98036                                 |   |             |
|     | City  | State                   | ZIP Code                              | As of the date you file, the claim is: Check all that apply.  |             |
|     | Who incurred the debt? Check one.   |                         |                                       | Contingent  |             |
|     | ✓ Debtor 1 only   |                         |                                       | ☐ Unliquidated☐ Disputed  |             |
|     | Debtor 2 only   |                         |                                       | 555.00  |             |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  |                         |                                       | Type of NONPRIORITY unsecured claim:  |             |
|     |   |                         |                                       | ☐ Student loans   |             |
|     | ☐ Check if this claim is for a commu  | nity debt               |                                       | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|     | Is the claim subject to offset?   |                         |                                       | Debts to pension or profit-sharing plans, and other similar debts   | ;           |
|     | ✓ No<br>☐ Yes   |                         |                                       | Other. Specify <u>Cable/Collectioin</u>   |             |
|     | <b>□</b> 165  |                         |                                       |   |             |

# Entered 09/20/17 14:44:20 Desc Main First Name Middle Name Last Name Document Page 30 of 64

|    | 4 | •  |
|----|---|----|
| Fa | п | 74 |
|    |   |    |

### Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | r listing any entries on this page, nu                              | mber ther | m beginning with 4 | .4, followed by 4.5, and so forth.  | To            | tal claim |
|------|---|-----------|--------------------|---|---------------|-----------|
| 4.4  | Overland Bond   |           |                    | Last 4 digits of account number 8 0 5 5   | \$_E          | 5,175.50  |
|      | Nonpriority Creditor's Name 4700 W. Fullerton Avenue                |           |                    | When was the debt incurred?   |               |           |
|      | Number Street Chicago   | IL        | 60634              | As of the date you file, the claim is: Check all that apply.  |               |           |
|      | City  | State     | ZIP Code           | ☐ Contingent ☐ Unliquidated   |               |           |
|      | Who incurred the debt? Check one.                                   |           |                    | ☐ Disputed  |               |           |
|      | Debtor 1 only Debtor 2 only   |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:   |               |           |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another |           |                    | ☐ Student loans   |               |           |
|      | ☐ Check if this claim is for a commun                               | nity debt |                    | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |               |           |
|      | Is the claim subject to offset?                                     | nty debt  |                    | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify (2012 Repo) 2007 Chevy Malibu              |               |           |
|      | ✓ No ☐ Yes  |           |                    | — Guion opoony (————————————————————————————————————  |               |           |
| 4.5  | Vlg of Oak Lawn Police c/o I.C                                      | .S. Inc.  |                    | Last 4 digits of account number 6 1 4 5   | \$ <u>_</u> 1 | ,000.00   |
|      | Nonpriority Creditor's Name PO Box 1010                             |           |                    | When was the debt incurred?   |               |           |
|      | Number Street Tinley Park   | IL .      | 60477-9110         | As of the date you file, the claim is: Check all that apply.  |               |           |
|      | City  | State     | ZIP Code           | ☐ Contingent  |               |           |
|      | Who incurred the debt? Check one.                                   |           |                    | ☐ Unliquidated ☐ Disputed   |               |           |
|      | Debtor 1 only Debtor 2 only   |           |                    | Type of NONDBIODITY uposqued claim:   |               |           |
|      | Debtor 1 and Debtor 2 only  |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  |               |           |
|      | At least one of the debtors and another                             |           |                    | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |               |           |
|      | Check if this claim is for a commun                                 | nity debt |                    | ☐ Debts to pension or profit-sharing plans, and other similar debts   |               |           |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes                        |           |                    | ✓ Other. Specify <u>Tickets/Collection</u>  |               |           |
| 4.6  | DirecTV c/o Receivables Perf  | Mgmt LL   | _C                 | Last 4 digits of account number 2 5 1 0   | \$            | 424.43    |
|      | Nonpriority Creditor's Name 20186 44th Avenue W                     |           |                    | When was the debt incurred?   |               |           |
|      | Number Street  Lynnwood   | WA        | 98036              | As of the date you file, the claim is: Check all that apply.  |               |           |
|      | City  | State     | ZIP Code           | Contingent  |               |           |
|      | Who incurred the debt? Check one.                                   |           |                    | ☐ Unliquidated ☐ Disputed   |               |           |
|      | Debtor 1 only Debtor 2 only   |           |                    | Type of NONDBIODITY uposqued claim:   |               |           |
|      | Debtor 1 and Debtor 2 only  |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  |               |           |
|      | ☐ At least one of the debtors and another                           |           |                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |               |           |
|      | Check if this claim is for a commun                                 | nity debt |                    | Debts to pension or profit-sharing plans, and other similar debts   |               |           |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes                        |           |                    | ☑ Other. Specify <u>Cable/Collection</u>  |               |           |

Part 2:

# 

 ${\bf Your\ NONPRIORITY\ Unsecured\ Claims-Continuation\ Page }$ 

| Afte | er listing any entries on this page, nu  | mber the  | m beginning with 4 | .4, followed by 4.5, and so forth.  | То | tal claim |
|------|--|-----------|--------------------|---|----|-----------|
| 4.7  | Midwest Diagnostic Pathology   | SC        |                    | Last 4 digits of account number 8 0 1 9   | \$ | 98.00     |
|      | Nonpriority Creditor's Name PO Box 578   |           |                    | When was the debt incurred?   |    |           |
|      | Number Street Park Ridge   | IL        | 60068-0578         | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a commuls the claim subject to offset?  ✓ No  Yes |           | ZIP Code           | <ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify Medical</li> </ul> |    |           |
| 4.8  | Verizon Wireless c/o AMO Re  | coveries  |                    | Last 4 digits of account number 9 6 7 5   | \$ | 413.70    |
|      | 10401 40th Ave W, #440  Number Street  |           |                    | When was the debt incurred?   |    |           |
|      | Lynnwood   | WA        | 98036              | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City   | State     | ZIP Code           | ☐ Contingent ☐ Unliquidated   |    |           |
|      | Who incurred the debt? Check one.  |           |                    | ☐ Disputed  |    |           |
|      | Debtor 1 only  |           |                    | T. (NONDRIGHT)  |    |           |
|      | Debtor 2 only Debtor 1 and Debtor 2 only   |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:   |    |           |
|      | At least one of the debtors and another  |           |                    | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that</li></ul>   |    |           |
|      | ☐ Check if this claim is for a commu   | nity debt |                    | you did not report as priority claims   |    |           |
|      | Is the claim subject to offset?  |           |                    | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Cell/Collection  |    |           |
|      | ✓ No<br>□ Yes  |           |                    |   |    |           |
| 4.9  | Cook County Radiology c/o Pe   | enn Cred  | dit                | Last 4 digits of account number 9 5 9 6   | \$ | 140.00    |
|      | Nonpriority Creditor's Name 916 S. 14th Street; PO Box 98  |           |                    | When was the debt incurred?   |    |           |
|      | Number Street Harrisburg   | PA        | 17108-0988         | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City   | State     | ZIP Code           | Contingent  |    |           |
|      | Who incurred the debt? Check one.  |           |                    | ☐ Unliquidated ☐ Disputed   |    |           |
|      | ☑ Debtor 1 only  |           |                    | □ Disputed  |    |           |
|      | Debtor 2 only  |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:   |    |           |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   |           |                    | ☐ Student loans   |    |           |
|      | ☐ Check if this claim is for a commu   |           |                    | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>   |    |           |
|      |  | inty uebt |                    | Debts to pension or profit-sharing plans, and other similar debts   |    |           |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes   |           |                    | ✓ Other. Specify Medical/Collection   |    |           |

Part 2:

# Entered 09/20/17 14:44:20 Desc Main First Name Middle Name Last Name Document Page 32 of 64

 ${\bf Your\ NONPRIORITY\ Unsecured\ Claims-Continuation\ Page }$ 

| Afte | r listing any entries on this page, nu   | ımber the | m beginning with 4 | .4, followed by 4.5, and so forth.  | То | tal claim |
|------|--|-----------|--------------------|---|----|-----------|
| 4.10 | Oaklawn Radiology Im Con c/<br>Nonpriority Creditor's Name                                       | o Trustn  | nark Recovery      | Last 4 digits of account number <u>0</u> <u>3</u> <u>4</u> <u>0</u>   | \$ | 343.00    |
|      | 541 Otis Bowen Drive   |           |                    | When was the debt incurred?   |    |           |
|      | Number Street  Munster   | IN        | 46321              | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City   | State     | ZIP Code           | ☐ Contingent  |    |           |
|      | Who incurred the debt? Check one.  Debtor 1 only   |           |                    | ☐ Unliquidated ☐ Disputed   |    |           |
|      | Debtor 2 only  |           |                    | Type of NONPRIORITY unsecured claim:  |    |           |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another                              |           |                    | Student loans   |    |           |
|      |  |           |                    | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |    |           |
|      | Check if this claim is for a commu   | nity debt |                    | ☐ Debts to pension or profit-sharing plans, and other similar debts   |    |           |
|      | Is the claim subject to offset?  ✓ No  |           |                    | ✓ Other. Specify Medical/Collection   |    |           |
|      | Yes  |           |                    |   |    |           |
| 4.11 | ATT Mobility/Cingular c/o Afni   |           |                    | Last 4 digits of account number 3 3 5 7   | \$ | 450.85    |
|      | Nonpriority Creditor's Name  |           |                    | When was the debt incurred?   |    |           |
|      | 404 Brock Drive; PO Box 342  | 7         |                    | Then was the dest mounted.  |    |           |
|      | Bloominton   | IL        | 61702-3427         | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City   | State     | ZIP Code           | Contingent  |    |           |
|      | Who incurred the debt? Check one.  |           |                    | ☐ Unliquidated ☐ Disputed   |    |           |
|      | Debtor 1 only  |           |                    | _ 5.554.00  |    |           |
|      | Debtor 2 only  |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:   |    |           |
|      | <ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul> |           |                    | ☐ Student loans   |    |           |
|      | ☐ Check if this claim is for a commu   |           |                    | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |    |           |
|      |  | mity debt |                    | Debts to pension or profit-sharing plans, and other similar debts   |    |           |
|      | Is the claim subject to offset?  ✓ No  |           |                    | ✓ Other. Specify Cell/Collection  |    |           |
|      | Yes  |           |                    |   |    |           |
| 4.12 | Bank of America Dispute Reso   | olution S | Svcs               | Last 4 digits of account number 4 6 0 6   | \$ | 823.96    |
|      | Nonpriority Creditor's Name  |           |                    | When was the debt incurred?   |    |           |
|      | PO Box 53137   |           |                    |   |    |           |
|      | Phoenix  | AZ        | 85072-3137         | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City   | State     | ZIP Code           | Contingent  |    |           |
|      | Who incurred the debt? Check one.  |           |                    | ☐ Unliquidated ☐ Disputed   |    |           |
|      | Debtor 1 only  |           |                    | _ Diopated  |    |           |
|      | Debtor 2 only  |           |                    | Type of <b>NONPRIORITY</b> unsecured claim:   |    |           |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                           |           |                    | ☐ Student loans   |    |           |
|      | _  |           |                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                       |    |           |
|      | ☐ Check if this claim is for a commu   | nity debt |                    | Debts to pension or profit-sharing plans, and other similar debts   |    |           |
|      | Is the claim subject to offset?  ✓ No  |           |                    | ☑ Other. Specify Banking  |    |           |
|      | ¥ No<br>☐ Yes  |           |                    |   |    |           |
|      |  |           |                    |   |    |           |

Entered 09/20/17 14:44:20 Desc Main First Name Middle Name Last Name Document Page 33 of 64

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | r listing any entries on this page, number the                         | m beginning with 4 | .4, followed by 4.5, and so forth.   | To             | tal claim |
|------|--|--------------------|--|----------------|-----------|
| 4.13 | Sprint c/o Cavalry Portfolio Svcs                                      |                    | Last 4 digits of account number 2 0 9 8  | \$             | 348.97    |
|      | Nonpriority Creditor's Name PO Box 1017                                |                    | When was the debt incurred?  |                |           |
|      | Number Street Hawthorne NY   | 10532              | As of the date you file, the claim is: Check all that apply.   |                |           |
|      | City State   | ZIP Code           | ☐ Contingent   |                |           |
|      | Who incurred the debt? Check one.                                      |                    | ☐ Unliquidated ☐ Disputed  |                |           |
|      | Debtor 1 only  |                    | •  |                |           |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                           |                    | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans   |                |           |
|      | ☐ At least one of the debtors and another                              |                    | Obligations arising out of a separation agreement or divorce that  |                |           |
|      | lacksquare Check if this claim is for a community debt                 |                    | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                       |                |           |
|      | Is the claim subject to offset?  ✓ No                                  |                    | ✓ Other. Specify Cell/Collection   |                |           |
|      | Yes  |                    |  |                |           |
| 4.14 | Verizon c/o Afni   |                    | Last 4 digits of account number <u>0</u> <u>0</u> <u>1</u>   | \$             | 317.75    |
|      | Nonpriority Creditor's Name  |                    | When was the debt incurred?  |                |           |
|      | 404 Brock Drive; PO Box 3427 Number Street                             |                    | As of the date you file, the claim is: Check all that apply.   |                |           |
|      | Bloomington IL City State  | 61701<br>ZIP Code  | ☐ Contingent   |                |           |
|      | Who incurred the debt? Check one.                                      |                    | Unliquidated   |                |           |
|      | Debtor 1 only  |                    | ☐ Disputed   |                |           |
|      | Debtor 2 only  |                    | Type of <b>NONPRIORITY</b> unsecured claim:  |                |           |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another |                    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that  |                |           |
|      | ☐ Check if this claim is for a community debt                          |                    | you did not report as priority claims  |                |           |
|      | Is the claim subject to offset?  |                    | <ul><li>□ Debts to pension or profit-sharing plans, and other similar debts</li><li>☑ Other. Specify Cell/Collection</li></ul> |                |           |
|      | ✓ No ☐ Yes   |                    |  |                |           |
| 4.15 | u les  |                    |  | <sub>s</sub> 1 | ,648.02   |
|      | Bally Total Fitness c/o Asset Acceptar                                 | nce                | Last 4 digits of account number <u>6</u> <u>4</u> <u>1</u> <u>2</u>  | <b>-</b>       |           |
|      | PO Box 2036  |                    | When was the debt incurred?  |                |           |
|      | Number Street Warren MI  | 48090-2036         | As of the date you file, the claim is: Check all that apply.   |                |           |
|      | City State   | ZIP Code           | □ Contingent   |                |           |
|      | Who incurred the debt? Check one.                                      |                    | ☐ Unliquidated ☐ Disputed  |                |           |
|      | Debtor 1 only  |                    | Turn of NONDRIODITY was sound alsies   |                |           |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                           |                    | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans   |                |           |
|      | ☐ At least one of the debtors and another                              |                    | Obligations arising out of a separation agreement or divorce that  |                |           |
|      | $\hfill \Box$ Check if this claim is for a community debt              |                    | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                       |                |           |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes                           |                    | ✓ Other Specify Health Club/Collection   |                |           |

Erst Name Middle Name Last Name Document Page 34 of 64 Entered 09/20/17 14:44:20 Desc Main

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | er listing any entries on this page, number them beginning w                   | rith 4.4, followed by 4.5, and so forth.  | То | tal claim |
|------|--|---|----|-----------|
| 4.16 | NIPSCO c/o CBCS  | Last 4 digits of account number 7 3 5 7   | \$ | 761.57    |
|      | Nonpriority Creditor's Name PO Box 163250                                      | When was the debt incurred?   |    |           |
|      | Number Street Columbus OH 43216-325  | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City State ZIP Code  | Contingent  |    |           |
|      | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed   |    |           |
|      | Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |    |           |
|      | Debtor 1 and Debtor 2 only   | ☐ Student loans   |    |           |
|      | ☐ At least one of the debtors and another                                      | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |    |           |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Utility/Collection                          |    |           |
|      | No   | Other: Specify Other Victoria   |    |           |
|      | Yes  |   |    |           |
| 4.17 | TCF National Bank c/o ACC International  | Last 4 digits of account number 6 5 2 0   | \$ | 155.45    |
|      | Nonpriority Creditor's Name  | When was the debt incurred?   |    |           |
|      | 1175 Devin Drive, #128   |   |    |           |
|      | Norton Shores MI 49441   | As of the date you file, the claim is: Check all that apply.  |    |           |
|      | City State ZIP Code  | <ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>   |    |           |
|      | Who incurred the debt? Check one.  | Disputed  |    |           |
|      | Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |    |           |
|      | Debtor 1 and Debtor 2 only   | ☐ Student loans   |    |           |
|      | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |    |           |
|      | ☐ Check if this claim is for a community debt                                  | Debts to pension or profit-sharing plans, and other similar debts   |    |           |
|      | Is the claim subject to offset?  | Other. Specify Banking/Collection   |    |           |
|      | Yes  |   |    |           |
| 4.18 | H & R Block c/o Penn Credit Corp   | Last 4 digits of account number 9 0 1   | \$ | 444.00    |
|      | Nonpriority Creditor's Name  | When was the debt incurred?   |    |           |
|      | PO Box 988 Number Street   | when was the dept incurred?   |    |           |
|      | Harrisburg PA 17108-098  |   |    |           |
|      | City State ZIP Code  | Contingent Unliquidated   |    |           |
|      | Who incurred the debt? Check one.  | ☐ Disputed  |    |           |
|      | Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |    |           |
|      | Debtor 1 and Debtor 2 only   | Student loans   |    |           |
|      | ☐ At least one of the debtors and another                                      | Obligations arising out of a separation agreement or divorce that   |    |           |
|      | ☐ Check if this claim is for a community debt                                  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |    |           |
|      | Is the claim subject to offset?  | Other. Specify Tax Prep/Collection  |    |           |
|      | ✓ No ☐ Yes   |   |    |           |
|      | _ 100  |   |    |           |

# Entered 09/20/17 14:44:20 Desc Main First Name Middle Name Last Name Document Page 35 of 64

Part 2:

### Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | er listing any entries on this page, nu   | umber the   | m beginning with 4     | .4, followed by 4.5, and so forth.  | Tot         | al claim |
|------|---|-------------|------------------------|---|-------------|----------|
| 4.19 | Credit One/LVNV/Resurgent c/o   | Creditors   | Interchange            | Last 4 digits of account number 6 7 2 2   | \$ <u>1</u> | ,524.76  |
|      | PO Box 1335   |             |                        | When was the debt incurred?   |             |          |
|      | Number Street   | NIX         | 11010 1005             | As of the date you file, the claim is: Check all that apply.  |             |          |
|      | Buffalo<br>City   | NY<br>State | 14240-1335<br>ZIP Code | ☐ Contingent  |             |          |
|      | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset?         | r           | 2.11 3340              | Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card/Collection   |             |          |
|      | Yes   |             |                        |   |             |          |
| 4.20 | T-Mobile c/o Midland Credit M   | 1anagme     | ent                    | Last 4 digits of account number 8 1 6 3   | \$          | 327.59   |
|      | Nonpriority Creditor's Name   |             |                        | When was the debt incurred?   |             |          |
|      | PO Box 60578  Number Street   |             |                        |   |             |          |
|      | Los Angeles   | CA          | 90060-0578             | As of the date you file, the claim is: Check all that apply.  |             |          |
|      | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes  |             | ZIP Code               | <ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Cell/Collection</li> </ul> |             |          |
| 4.21 | ATT Mobility c/o Afni   |             |                        | Last 4 digits of account number 0 9 0 1   | \$          | 291.05   |
|      | Nonpriority Creditor's Name 404 Brock Drive; PO Box 342   | 7           |                        | When was the debt incurred?   |             |          |
|      | Number Street   | IL          | 61701                  | As of the date you file, the claim is: Check all that apply.  |             |          |
|      | Bloomington   | State       | ZIP Code               | ☐ Contingent  |             |          |
|      | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset?  No Yes |             |                        | <ul> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Cell/Collection</li> </ul>                       |             |          |

# Entered 09/20/17 14:44:20 Desc Main First Name Middle Name Last Name Document Page 36 of 64

Part 2:

### Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | er listing any entries on this page, nu                                | mber the    | m beginning with 4     | .4, followed by 4.5, and so forth.  | Total claim |
|------|--|-------------|------------------------|---|-------------|
| 4.22 | Advocate Health Care Nonpriority Creditor's Name                       |             |                        | Last 4 digits of account number 1 2 0 1   | \$_3,085.85 |
|      | POB 3039   |             |                        | When was the debt incurred? $\frac{2/18-2/19/2017}{}$   |             |
|      | Number Street Oak Brook  | IL          | 60522-3039             | As of the date you file, the claim is: Check all that apply.  |             |
|      | City   | State       | ZIP Code               | ☐ Contingent ☐ Unliquidated   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                       |             |                        | ☐ Disputed  |             |
|      | Debtor 2 only  |             |                        | Type of NONPRIORITY unsecured claim:  |             |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another |             |                        | ☐ Student loans   |             |
|      | ☐ Check if this claim is for a commu                                   | nitv debt   |                        | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                       |             |
|      | Is the claim subject to offset?  | ,           |                        | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical                                    |             |
|      | ✓ No<br>□ Yes  |             |                        |   |             |
| 4.23 | ATT DirecTV c/o CBE Group  |             |                        | Last 4 digits of account number 2 5 1 0   | \$424.43    |
|      | Nonpriority Creditor's Name  |             |                        | When was the debt incurred?   |             |
|      | PO Box 2635<br>Number Street   |             |                        | As of the date was file the plainties of the file.  |             |
|      | Waterloo<br>City   | IA<br>State | 50704-2635<br>ZIP Code | As of the date you file, the claim is: Check all that apply.  |             |
|      | ·  | State       | ZIF Code               | ☐ Contingent ☐ Unliquidated   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                       |             |                        | ☐ Disputed  |             |
|      | Debtor 2 only  |             |                        | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another    |             |                        | Student loans   |             |
|      | ☐ Check if this claim is for a commu                                   | nity dobt   |                        | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |
|      | Is the claim subject to offset?  | ility debt  |                        | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Phone/Cable                                |             |
|      | ✓ No ☐ Yes   |             |                        | Cities. Specify 1 Hories Gaste  |             |
| 4.24 |  |             |                        | Last 4 digits of account number   | \$          |
|      | Nonpriority Creditor's Name  |             |                        | When was the debt incurred?   |             |
|      | Number Street  |             |                        | As of the date you file, the claim is: Check all that apply.  |             |
|      | City   | State       | ZIP Code               | Contingent  |             |
|      | Who incurred the debt? Check one.                                      |             |                        | ☐ Unliquidated ☐ Disputed   |             |
|      | Debtor 1 only  |             |                        | ·   |             |
|      | Debtor 2 only Debtor 1 and Debtor 2 only                               |             |                        | Type of <b>NONPRIORITY</b> unsecured claim:   |             |
|      | At least one of the debtors and another                                |             |                        | <ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that</li> </ul>                |             |
|      | ☐ Check if this claim is for a commu                                   | nity debt   |                        | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |             |
|      | Is the claim subject to offset? ☐ No                                   |             |                        | Other. Specify  |             |
|      | Yes  |             |                        |   | _           |

Debtor 1

Entered 09/20/17 14:44:20 Desc Main

First Name Middle Name Last Name Document Page 37 of 64

Part 3: List Others to Be Notified About a Debt That You Already Listed

| Markoff Law        |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
|--------------------|-------|----------|---|
| 29 N. Wacker Drive | #550  |          | Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street      | #330  |          | Part 2: Creditors with Nonpriority Unsecured Claim                        |
|                    |       |          | Tart 2. Ordanors with Northfronty Orisecured Olar                         |
| Chicago            | IL    | 60606    | Last 4 digits of account number 8 0 5 5                                   |
| City               | State | ZIP Code |   |
|                    |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
| Name               |       |          | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims    |
| Number Street      |       |          | Part 2: Creditors with Nonpriority Unsecured                              |
|                    |       |          | Claims  |
| City               | State | ZIP Code | Last 4 digits of account number   |
| Nome               |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
| Name               |       |          | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims    |
| Number Street      |       |          | Part 2: Creditors with Nonpriority Unsecured                              |
|                    |       |          | Claims  |
| Cib.               | 0: :  | 7/0.0-1  | Last 4 digits of account number   |
| City               | State | ZIP Code | On which ontox in Port 1 or Port 2 did you list the entire of the C       |
| Name               |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
|                    |       |          | Line of (Check one):  |
| Number Street      |       |          | ☐ Part 2: Creditors with Nonpriority Unsecured Claims                     |
|                    |       |          |   |
| City               | State | ZIP Code | Last 4 digits of account number   |
|                    |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
| Name               |       |          |   |
| Number Street      |       |          | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims    |
| vuriber Street     |       |          | ☐ Part 2: Creditors with Nonpriority Unsecured Claims                     |
|                    |       |          | Look A divide of account months   |
| City               | State | ZIP Code | Last 4 digits of account number   |
|                    |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
| Name               |       |          | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims    |
| Number Street      |       |          | Part 2: Creditors with Nonpriority Unsecured                              |
|                    |       |          | Claims  |
| City.              | 01-1- | 7/0 0-1- | Last 4 digits of account number   |
| City               | State | ZIP Code |   |
| Name               |       |          | On which entry in Part 1 or Part 2 did you list the original creditor?    |
|                    |       |          | Line of (Check one):   Part 1: Creditors with Priority Unsecured Claims   |
| Number Street      |       |          | ☐ Part 2: Creditors with Nonpriority Unsecured                            |
|                    |       |          | Claims  |
| Citv               | State | ZIP Code | Last 4 digits of account number   |

LGASE No. 17.282166z Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Pirst Name Middle Name Document Page 38 of 64

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |  |            | Total claim |      |
|-----------------------------|--|------------|-------------|------|
| Total claims                | 6a. Domestic support obligations   | 6a.        | \$          | 0.00 |
| from Part 1                 | 6b. Taxes and certain other debts you owe the government   | 6b.        | \$          | 0.00 |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$          | 0.00 |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | + \$        | 0.00 |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$          | 0.00 |
|                             |  |            |             |      |
|                             |  |            |             |      |
|                             |  |            | Total claim |      |
| Total claims                | 6f. Student loans  | 6f.        | Total claim | 0.00 |
| Total claims<br>from Part 2 | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6f.<br>6g. |             | 0.00 |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$          |      |
|                             | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul>   | 6g.        | \$          | 0.00 |
|                             | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims.</li> </ul> | 6g.<br>6h. | \$\$        | 0.00 |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 39 of 64

| Fill in this in           | formation to ic  | lentify your case:                     |           |  |
|---------------------------|------------------|--|-----------|--|
| Debtor                    | Luciano Mui      | noz-Diaz                               |           |  |
|                           | First Name       | Middle Name                            | Last Name |  |
| Debtor 2                  |                  |  |           |  |
| (Spouse If filing)        | First Name       | Middle Name                            | Last Name |  |
| United States             | Bankruptcy Court | for the: Northern District of Illinois |           |  |
| Case number<br>(If known) |                  |  |           |  |

☐ Check if this is an amended filing

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or         | company with v     | vhom you | have the contract or lease | State what the contract or lease is for |
|-----|-------------------|--------------------|----------|----------------------------|---|
| 2.1 | Name              |                    | & Prope  | rty Management             | _ \$680.00 monthly residential lease    |
|     | 10812 S<br>Number | . Kolmar<br>Street |          |                            | _                                       |
|     | Oak Lav           |                    | IL       | 60453                      |   |
|     | City              |                    | State    | ZIP Code                   | _                                       |
| 2.2 |                   |                    |          |                            |   |
|     | Name              |                    |          |                            | _                                       |
|     | Number            | Street             |          |                            | _                                       |
|     | City              |                    | State    | ZIP Code                   | _                                       |
| 2.3 | ·                 |                    |          |                            |   |
|     | Name              |                    |          |                            | _                                       |
|     | Number            | Street             |          |                            |   |
|     | City              |                    | State    | ZIP Code                   | -                                       |
| 2.4 |                   |                    |          |                            |   |
|     | Name              |                    |          |                            |   |
|     | Number            | Street             |          |                            | _                                       |
|     | City              |                    | State    | ZIP Code                   | _                                       |
| 2.5 |                   |                    |          |                            |   |
|     | Name              |                    |          |                            |   |
|     | Number            | Street             |          |                            | _                                       |
|     | City              |                    | State    | ZIP Code                   |   |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

| Fill in this in                 | formation to id     | entify your case:                     |           | 01 04 |
|---------------------------------|---------------------|---------------------------------------|-----------|-------|
| Debtor 1                        | Luciano Mun         | oz-Diaz<br>Middle Name                | Last Name |       |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name                           | Last Name |       |
| United States I                 | Bankruptcy Court fo | or the: Northern District of Illinois |           |       |
| Case number (If known)          |                     |                                       | _         |       |

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ Check if this is an amended filing

### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| □ V   |   |                           |  |
|---|---|---------------------------|--|
| •   |   |                           | (Community property states and territories include   |
|   | no, Louisiana, Nevada, New Mexico, Pu     | uerto Rico, Texas, Washir | ngton, and Wisconsin.)   |
| No. Go to line 3.   |   |                           |  |
| Yes. Did your spous   | se, former spouse, or legal equivalent li | ve with you at the time?  |  |
| ☐ No  |   |                           |  |
| ☐ Yes. In which co  | ommunity state or territory did you live? | F                         | Fill in the name and current address of that person.   |
| Name of your spous  | e, former spouse, or legal equivalent     |                           |  |
| Number Stre   | eet                                       |                           |  |
| City  | State                                     | ZIP Code                  |  |
| In Column 1 list all of   | your codebtors. Do not include your       | enouse as a codebtor i    | if your spouse is filing with you. List the person   |
|   | orm 106D), Schedule E/F (Official Fo      | rm 106E/F), or Schedule   | e G (Official Form 106G). Use Schedule D,  |
| Column 1: Your codel  | btor                                      |                           | Column 2: The creditor to whom you owe the del   |
| Column 1: Your codel  | btor                                      |                           | ·  |
| 7   | btor                                      |                           | Column 2: The creditor to whom you owe the del Check all schedules that apply:   |
|   | btor                                      |                           | Check all schedules that apply:  |
| 7   | btor                                      |                           | Check all schedules that apply:  Schedule D, line  |
|   | btor                                      |                           | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  |
| Name Number Street  |   |                           | Check all schedules that apply:  Schedule D, line  |
| Name  Number Street  City   | <b>State</b>                              | ZIP Code                  | Check all schedules that apply:  Schedule D, line  Schedule E/F, line  |
| Name Number Street City   |   | ZIP Code                  | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  |
| Name Number Street  |   | ZIP Code                  | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  |
| Name  Number Street  City  Name   |   | ZIP Code                  | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line  |
| Name Number Street City   |   | ZIP Code                  | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  |
| Name  Number Street  City  Name  Number Street  City                      |   | ZIP Code                  | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line  |
| Name  Number Street  City  Name  Number Street                            | State                                     |                           | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line                                   |
| Name  Number Street  City  Name  Number Street  City                      | State                                     |                           | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line                                   |
| Name  Number Street  City  Name  Number Street  City  Name  Number Street | State                                     |                           | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line Schedule D, line |
| Name  Number Street  City  Name  Number Street  City  City                | State                                     |                           | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line  |
| Name  Number Street  City  Name  Number Street  City  Name  Number Street | State                                     |                           | Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line                  |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 41 of 64

| Fill in this information to identify   | your case:   |   |                             |                                       |   |                                      |
|--|--|---|-----------------------------|---------------------------------------|---|--------------------------------------|
| <br>  <sub>Debtor 1</sub>  | ia <i>z</i>  |   |                             |                                       |   |                                      |
| First Name   | Middle Name  | Last Name                                   |                             |                                       |   |                                      |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name  | Last Name                                   |                             |                                       |   |                                      |
| United States Bankruptcy Court for the:  | Northern District of Illinois  |   |                             |                                       |   |                                      |
|  | Northern District of Illinois  |   |                             |                                       |   |                                      |
| Case number(If known)  |  |   |                             | Check if the                          |   |                                      |
|  |  |   |                             |                                       | ended filing  |                                      |
|  |  |   |                             |                                       | plement showing postp<br>e as of the following da   |                                      |
| Official Form 106I   |  |   |                             | MM / D                                | D / YYYY  |                                      |
| Schedule I: You  | ır Income  |   |                             |                                       |   | 12/15                                |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the | ou are married and not fili<br>se is not filing with you,<br>top of any additional pag | ing jointly, and you<br>do not include info | ur spouse is<br>ormation ab | living with yout yout                 | ou, include information<br>use. If more space is ne | about your spouse.<br>eded, attach a |
|  |  |   |                             |                                       |   |                                      |
| Fill in your employment information.   |  | Debtor 1                                    |                             |                                       | Debtor 2 or non-fili                                | ng spouse                            |
| If you have more than one job, attach a separate page with information about additional employers.                                       | Employment status  | ☐ Employed ☐ Not employed                   | ed                          |                                       | ☐ Employed ☐ Not employed                           |                                      |
| Include part-time, seasonal, or self-employed work.  |  |   |                             |                                       |   |                                      |
| Occupation may include student or homemaker, if it applies.  | Occupation   |   |                             | <del> </del>                          |   |                                      |
|  | Employer's name  |   |                             |                                       |   |                                      |
|  | Employer's address   |   |                             |                                       |   |                                      |
|  |  | Number Street                               |                             |                                       | Number Street                                       |                                      |
|  |  |   |                             |                                       |   |                                      |
|  |  |   |                             |                                       |   |                                      |
|  |  | City  | State ZIP                   | Code                                  | City  | State ZIP Code                       |
|  | How long employed the  | re?   |                             |                                       |   |                                      |
|  |  |   |                             |                                       |   |                                      |
| Part 2: Give Details About   | Monthly Income   |   |                             |                                       |   |                                      |
| Estimate monthly income as of spouse unless you are separated  |  | n. If you have nothi                        | ng to report f              | or any line, wr                       | rite \$0 in the space. Inclu                        | de your non-filing                   |
| If you or your non-filing spouse habelow. If you need more space, at   | ave more than one employe  |   | rmation for a               | ll employers fo                       | or that person on the lines                         | 3                                    |
|  |  |   | Fo                          | r Debtor 1                            | For Debtor 2 or non-filing spouse                   |                                      |
| List monthly gross wages, sale deductions). If not paid monthly,   |  |   | 2. \$                       |                                       | \$  |                                      |
| 3. Estimate and list monthly over  | time pay.  |   | 3. <b>+</b> \$              | · · · · · · · · · · · · · · · · · · · | + \$  |                                      |
| Calculate gross income. Add line   | ne 2 + line 3.   |   | 4. \$                       |                                       | \$  |                                      |
|  |  |   |                             |                                       |   |                                      |

Official Form 106l Schedule I: Your Income page 1

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 42 of 64

Debtor 1

Luciano Munoz-Diaz

Case number (if known) First Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. 5f. 5f. Domestic support obligations 5g. 5g. Union dues 5h. 5h. Other deductions. Specify: \_\_ 6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 8a. monthly net income. 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 511.00 Specify: IL Link 8f. 8g. Pension or retirement income 8g. 8h. 8h. Other monthly income. Specify: \_ 511.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 511.00 511.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. **+** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 511.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Mo. Yes. Explain:

|                             | Case 17-28146  | Doc 1 Filed 09/20/17<br>Document  | Entered 09/20/17 14<br>Page 43 of 64                | :44:20 Desc                                | Main                          |
|-----------------------------|--|---|---|--|-------------------------------|
|                             | information to identify  Luciano Munoz-Di                          |   |   |  |                               |
| Debtor 1                    | First Name   | Middle Name Last Name   | Check if this                                       | is:  |                               |
| Debtor 2<br>(Spouse, if fil | ing) First Name  | Middle Name Last Name   | ———— An amer  | •  |                               |
|                             |  | Northern District of Illinois   |   | ment showing post<br>s as of the following |                               |
| Case numb<br>(If known)     | per  |   | MM / DD   | YYYYY                                      |                               |
|                             | Form 106J<br>dule J: Yo  | ur Expenses   |   |  | 12/15                         |
| information                 |  | ossible. If two married people are fil<br>ed, attach another sheet to this form |   |  |                               |
| Part 1:                     | Describe Your Hou  | ısehold   |   |  |                               |
| ☐ Yes.                      | Go to line 2.  Does Debtor 2 live in a s                           | separate household? e Official Form 106J-2, <i>Expenses for S</i>               | Separate Household of Debtor 2.                     |  |                               |
|                             | nave dependents?   | ☐ No ☑ Yes. Fill out this information for                                       | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's<br>age                         | Does dependent live with you? |
| Debtor 2. Do not st         | ate the dependents'  | each dependent  | Wife  | 38   | □ No ☑ Yes                    |
|                             |  |   | Daughter  | 15   | ☐ No<br>☑ Yes                 |
|                             |  |   | Son   | _13  | □ No<br>☑ Yes                 |
|                             |  |   |   |  | ☐ No<br>☐ Yes                 |
|                             |  |   |   |  | ☐ No<br>☐ Yes                 |
| expense                     | expenses include<br>s of people other than<br>and your dependents? | ☑ No<br>□ Yes   |   |  |                               |

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of Your expenses such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 680.00 any rent for the ground or lot. If not included in line 4: 0.00 Real estate taxes 4a. 0.00 Property, homeowner's, or renter's insurance 4b. 4b. 20.00 4c. Home maintenance, repair, and upkeep expenses 4c. 0.00 Homeowner's association or condominium dues 4d. 4d.

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 44 of 64

Debtor 1

Luciano Munoz-Diaz

First Name Middle Name Last Name

Case number (if known)\_

|  |                 | Your ex | rpenses |
|--|-----------------|---------|---------|
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5.              | \$      | 0.00    |
| 6. Utilities:  |                 |         |         |
| 6a. Electricity, heat, natural gas   | 6a.             | \$      | 190.00  |
| 6b. Water, sewer, garbage collection   | 6b.             | \$      | 0.00    |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.             | \$      | 185.00  |
| 6d. Other. Specify:  | 6d.             | \$      | 0.00    |
| 7. Food and housekeeping supplies  | 7.              | \$      | 511.00  |
| 3. Childcare and children's education costs  | 8.              | \$      | 0.00    |
| 9. Clothing, laundry, and dry cleaning   | 9.              | \$      | 150.00  |
| . Personal care products and services  | 10.             | \$      | 10.00   |
| . Medical and dental expenses  | 11.             | \$      | 0.00    |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>                                   | 12.             | \$      | 100.00  |
| B. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.             | \$      | 0.00    |
| Charitable contributions and religious donations   | 14.             | \$      | 0.00    |
| <ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>                                    |                 |         |         |
| 15a. Life insurance  | 15a.            | \$      | 0.00    |
| 15b. Health insurance  | 15b.            | \$      | 0.00    |
| 15c. Vehicle insurance   | 15c.            | \$      | 0.00    |
| 15d. Other insurance. Specify:   | 15d.            | \$      | 0.00    |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:   | 16.             | \$      | 0.00    |
| . Installment or lease payments:   |                 |         |         |
| 17a. Car payments for Vehicle 1  | 17a.            | \$      | 0.00    |
| 17b. Car payments for Vehicle 2  | 17b.            | \$      | 0.00    |
| 17c. Other. Specify:   | 17c.            | \$      | 0.00    |
| 17d. Other. Specify:   | 17d.            | \$      | 0.00    |
| Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, Schedule I, Your Income (Official Form 106I). | <b>from</b> 18. | \$      | 0.00    |
| Other payments you make to support others who do not live with you.  |                 |         |         |
| Specify:   | 19.             | \$      | 0.00    |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Yo  | ur Income.      |         |         |
| 20a. Mortgages on other property   | 20a.            | \$      | 0.00    |
| 20b. Real estate taxes   | 20b.            | \$      | 0.00    |
| 20c. Property, homeowner's, or renter's insurance  | 20c.            | \$      | 0.00    |
| 20d. Maintenance, repair, and upkeep expenses  | 20d.            | \$      | 0.00    |
| 20e. Homeowner's association or condominium dues   | 20e.            | \$      | 0.00    |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 45 of 64

| Debtor 1        | Luciano Munoz-Diaz First Name Middle Name Last Name Case number   | r (if known) |             |           |
|-----------------|---|--------------|-------------|-----------|
|                 |   |              |             |           |
| 21. <b>Oth</b>  | er. Specify:  | 21.          | +\$         | 0.00      |
| 2. Calc         | culate your monthly expenses.   |              |             |           |
| 22a.            | Add lines 4 through 21.   | 22a.         | \$          | 1,846.00  |
| 22b.            | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | 22b.         | \$          | 0.00      |
| 22c.            | Add line 22a and 22b. The result is your monthly expenses.  | 22c.         | \$          | 1,846.00  |
|                 |   |              |             |           |
| 23. Calcu       | ulate your monthly net income.  |              | ¢.          | 511.00    |
| 23a.            | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | Φ           | 011.00    |
| 23b.            | Copy your monthly expenses from line 22c above.   | 23b.         | <b>-</b> \$ | 1,846.00  |
| 23c.            | Subtract your monthly expenses from your monthly income.  |              |             | -1,335.00 |
|                 | The result is your monthly net income.  | 23c.         | \$          | -1,000.00 |
|                 |   |              |             |           |
| :4. <b>Do y</b> | ou expect an increase or decrease in your expenses within the year after you file this form   | 1?           |             |           |
|                 | example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage? |              |             |           |
| ✓ N             |   |              |             |           |
|                 |   |              |             |           |
|                 |   |              |             |           |
|                 |   |              |             |           |
|                 |   |              |             |           |
|                 |   |              |             |           |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 46 of 64

| Fill in this in                | formation to identify    | your case:                |                           |   |                      |
|--------------------------------|--------------------------|---------------------------|---------------------------|---|----------------------|
| Debtor 1                       | Luciano Munoz-           | Diaz                      |                           |   |                      |
|                                | First Name               | Middle Name               | Last Name                 | _   |                      |
| Debtor 2<br>Spouse, if filing) | First Name               | Middle Name               | Last Name                 | -   |                      |
| Inited States                  | Bankruptcy Court for the | : Northern District of II | llinois                   |   |                      |
| ase number                     |                          |                           |                           |   |                      |
| f known)                       |                          |                           |                           |   | ☐ Check if this is   |
|                                |                          |                           |                           |   | amended filing       |
|                                |                          |                           |                           |   |                      |
| Officia                        | I Form 106D              | )ec                       |                           |   |                      |
|                                |                          |                           |                           |   |                      |
| Deci                           | aration A                | bout an                   | Individual I              | Debtor's Schedules  | 12/15                |
| If two mar                     | ried neonle are filing   | together, both are e      | qually responsible for su | pplying correct information.  |                      |
|                                |                          |                           |                           |   | analina proporty or  |
| You must                       | file this form whene     | ver you tile bankrupt     | cy schedules or amende    | d schedules. Making a false statement, con<br>can result in fines up to \$250,000, or impri | cealing property, or |
|                                |                          | 2, 1341, 1519, and 35     |                           | can result in fines up to \$250,000, or impri   | sommont for up to 20 |
| yours, or .                    | , out. 10 0.0.0. 33 10   | 2, 1041, 1010, and 00     |                           |   |                      |
|                                |                          |                           |                           |   |                      |
|                                | Sign Below               |                           |                           |   |                      |
|                                |                          |                           |                           |   |                      |
|                                |                          |                           |                           |   |                      |
| •                              | u pay or agree to pa     | y someone who is No       | OT an attorney to help yo | u fill out bankruptcy forms?  |                      |
| <b>☑</b> No                    |                          |                           |                           |   |                      |
| ☐ Ye                           | S. Name of person        |                           |                           | Attach Bankruptcy Petition Preparer's Notice, De  | claration, and       |
|                                |                          |                           |                           | Signature (Official Form 119).  |                      |
|                                |                          |                           |                           |   |                      |
|                                |                          |                           |                           |   |                      |
|                                |                          |                           |                           |   |                      |
|                                |                          |                           |                           |   |                      |
|                                |                          |                           | ead the summary and sch   | nedules filed with this declaration and   |                      |
| tnat tn                        | ey are true and corr     | ect.                      |                           |   |                      |
|                                |                          |                           |                           |   |                      |
| <b>40</b> 1                    |                          | 1                         |                           | •   |                      |
| ما 🗴                           | sciano m                 | mor 1) sor                | _ ×                       |   |                      |
| Signat                         | ure of Debtor 1          |                           | Signature of Debte        | or 2  |                      |
|                                | 9/15/10                  |                           |                           |   |                      |
| Date _                         | 11,01,/                  |                           | Date                      |   |                      |
| ,                              | אואי טט וי אוא           |                           | MM7 00 7                  | 1111  |                      |

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 47 of 64

| Fill in this ir                 | nformation to ide   | entify your case:               |           |
|---------------------------------|---------------------|---------------------------------|-----------|
| Debtor 1                        | Luciano Mun         | oz-Diaz<br>Middle Name          | Last Name |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name                     | Last Name |
| United States                   | Bankruptcy Court fo | or the: Northern District of II | linois    |
| Case number<br>(If known)       |                     |                                 |           |

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| <ol> <li>What is your current r</li> <li>Married</li> <li>Not married</li> </ol> | narital status?            |                            |                                 |                               |
|--|----------------------------|----------------------------|---------------------------------|-------------------------------|
| ☑ No   | s, have you lived anywhere | ·                          |                                 |                               |
| Debtor 1:  |                            | Dates Debtor 1 lived there | Debtor 2:                       | Dates Debtor 2<br>lived there |
| Number Street  |                            | From<br>To                 | Same as Debtor 1  Number Street | Same as Debtor 1  From  To    |
| City   | State ZIP Code             | -                          | City State ZIP Code             |                               |
| Number Street  |                            | From<br>To                 | Number Street                   | Same as Debtor 1  From  To    |
| City   | State ZIP Code             | oouse or legal equi        | City State ZIP Coo              |                               |

Part 2: Explain the Sources of Your Income

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 48 of 64

| Debtor 1 | Luciano Mu | ınoz-Diaz   |           | Case number | Case number (if known) |
|----------|------------|-------------|-----------|-------------|------------------------|
|          | First Name | Middle Name | Last Name |             |                        |

| Fill in the total amount of income you received If you are filing a joint case and you have income  | •  |   |  |   |
|---|--|---|--|---|
| ☐ No ☑ Yes. Fill in the details.  |  |   |  |   |
|   | Debtor 1   |   | Debtor 2   |   |
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   |
| From January 1 of current year until the date you filed for bankruptcy:   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>   | \$3,297.00  | <ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul>   | \$  |
| For last calendar year: (January 1 to December 31,2016  YYYY  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>   | \$21,443.00   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>   | \$  |
| For the calendar year before that:  (January 1 to December 31, 2015   | <ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul>   | \$30,170.00   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>   | \$  |
| Did you receive any other income during the Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each other public benefit paying gambling and lottery winnings.  | ome is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav  | of other income are alinome; interest; dividends; e income that you receive   | money collected from laws<br>ed together, list it only once  | suits; royalties; and   |
| Include income regardless of whether that inc<br>unemployment, and other public benefit paym<br>gambling and lottery winnings. If you are filing  | ome is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav  | of other income are alinome; interest; dividends; e income that you receive   | money collected from laws<br>ed together, list it only once  | suits; royalties; and   |
| Include income regardless of whether that include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No   | ome is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav  | of other income are alinome; interest; dividends; e income that you receive   | money collected from laws<br>ed together, list it only once  | suits; royalties; and   |
| Include income regardless of whether that include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No   | some is taxable. Examples pents; pensions; rental income is taxable. Examples pents; pensions; rental income a joint case and you have each source separately. D   | of other income are alinome; interest; dividends; e income that you receive   | money collected from laws ed together, list it only once t you listed in line 4.   | suits; royalties; and   |
| Include income regardless of whether that include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from each No   | come is taxable. Examples tents; pensions; rental income is judicial income. The second is a joint case and you have each source separately. Debtor 1  Sources of income                                   | of other income are alinome; interest; dividends; e income that you receive not include income that  Gross income from each source (before deductions and                             | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of income                | cuits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and |
| Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until   | come is taxable. Examples sents; pensions; rental income is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below. | of other income are alinome; interest; dividends; e income that you receive not include income that  Gross income from each source (before deductions and exclusions)                 | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of income                | cuits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and |
| Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:   | come is taxable. Examples sents; pensions; rental income is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below. | of other income are alinome; interest; dividends; e income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$4,599.00     | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of income                | cuits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and |
| Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until  | pome is taxable. Examples thents; pensions; rental income is a joint case and you have each source separately. Debtor 1  Sources of income Describe below.  IL Link  | of other income are alinome; interest; dividends; e income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$ 4,599.00 \$ | money collected from laws ed together, list it only once t you listed in line 4.  Debtor 2  Sources of income                | Gross income from each source (before deductions and exclusions)                              |
| Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:                                    | pome is taxable. Examples thents; pensions; rental income is a joint case and you have each source separately. Debtor 1  Sources of income Describe below.  IL Link  | of other income are alinome; interest; dividends; e income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$ 4,599.00 \$ | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)                              |
| Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:                                    | pome is taxable. Examples thents; pensions; rental income is a joint case and you have each source separately. Debtor 1  Sources of income Describe below.  IL Link  | Gross income from each source (before deductions and exclusions)  \$ 4,599.00 \$ \$ 508.00 \$ \$ \$   | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)                              |
| Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from the No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,2016) | pome is taxable. Examples thents; pensions; rental income is a joint case and you have each source separately. Debtor 1  Sources of income Describe below.  IL Link  | Gross income from each source (before deductions and exclusions)  \$ 4,599.00 \$ \$ 508.00 \$ \$ \$   | money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)                              |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 49 of 64

Debtor 1 Luciano Munoz-Diaz

| -uciano    | Mulloz Diaz |           |  |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name |  |

Case number (if known)\_\_\_\_\_

| Part 3:     | List   | Certain Paym                           | ents Yo     | u Made Befor  | e You Filed      | for Bank     | ruptcy               |           |                            |                        |
|-------------|--------|--|-------------|---|------------------|--------------|----------------------|-----------|----------------------------|------------------------|
| 6. Are eit  | her D  | ebtor 1's or Deb                       | tor 2's de  | bts primarily co  | onsumer debt     | s?           |                      |           |                            |                        |
| ☐ No        |        | ther Debtor 1 no<br>urred by an indivi |             |   |                  |              |                      | defined i | n 11 U.S.C. § 101(         | (8) as                 |
|             |        | ing the 90 days b                      |             |   | -                |              | •                    | 6,425* or | more?                      |                        |
|             | П      | No. Go to line 7.                      |             |   |                  |              |                      |           |                            |                        |
|             |        | Yes. List below e                      | aab aradit  | ar ta wham waw  | noid a total of  | ¢6 40E* o=   |                      |           | umanta and the             |                        |
|             | _      | total amoun                            | t you paid  | or to whom you<br>that creditor. Do<br>ony. Also, do no | not include pa   | ayments fo   | r domestic supp      | ort oblig | gations, such as           |                        |
|             | * Sı   | ubject to adjustme                     | ent on 4/01 | 1/19 and every 3  | 3 years after th | at for cases | s filed on or afte   | r the da  | te of adjustment.          |                        |
| <b>☑</b> Ye | s. Dek | otor 1 or Debtor                       | 2 or both   | have primarily  | consumer de      | bts.         |                      |           |                            |                        |
|             | Dur    | ing the 90 days b                      | efore you   | filed for bankrup                                       | otcy, did you pa | ay any cred  | litor a total of \$6 | 00 or m   | ore?                       |                        |
|             |        | No. Go to line 7.                      |             |   |                  |              |                      |           |                            |                        |
|             | Ø      |  | not includ  | or to whom you<br>e payments for<br>include paymen      | domestic supp    | ort obligati | ons, such as ch      | ild supp  | t you paid that<br>ort and |                        |
|             |        |  |             |   | Dates of payment | Total am     | ount paid            | Amour     | nt you still owe           | Was this payment for   |
|             |        | OneMain fka                            | a Springl   | eaf   | monthly          | \$           | 150.00               | \$        | 11,192.00                  | ☐ Mortgage             |
|             |        | Creditor's Name                        | a a lei     |   |                  |              |                      |           |                            | ☑ Car                  |
|             |        | 6618 S. Pula                           | aski        |   |                  |              |                      |           |                            | ☐ Credit card          |
|             |        |  |             |   |                  |              |                      |           |                            | ☐ Loan repayment       |
|             |        | Chicago                                | IL          | 60629-5138  |                  |              |                      |           |                            | ☐ Suppliers or vendors |
|             |        | City                                   | State       | ZIP Code  |                  |              |                      |           |                            | Other                  |
|             |        | Turner Acce                            | ptance (    | Corp  | monthly          | \$           | 150.00               | \$        | 4,501.00                   | ☐ Mortgage             |
|             |        | Creditor's Name                        |             |   |                  |              |                      |           |                            | ☑ Car                  |
|             |        | 5900 W. Hov                            | ward Str    | eet   |                  |              |                      |           |                            | ☐ Credit card          |
|             |        | Number Succe                           |             |   |                  |              |                      |           |                            | Loan repayment         |
|             |        |  |             |   |                  |              |                      |           |                            | ☐ Suppliers or vendors |
|             |        | Skokie<br>City                         | IL<br>State | 60077<br>ZIP Code                                       |                  |              |                      |           |                            | ☐ Other                |
|             |        |  |             |   |                  |              |                      |           |                            |                        |
|             |        |  |             |   |                  | \$           |                      | \$        |                            | ☐ Mortgage             |
|             |        | Creditor's Name                        |             |   |                  |              |                      |           |                            | ☐ Car                  |
|             |        | Number Street                          |             |   |                  |              |                      |           |                            | ☐ Credit card          |
|             |        | Number Street                          |             |   |                  |              |                      |           |                            | ☐ Loan repayment       |
|             |        |  |             |   |                  |              |                      |           |                            | ☐ Suppliers or vendors |
|             |        | City                                   | State       | ZIP Code  |                  |              |                      |           |                            | ☐ Other                |
|             |        | Oity                                   | Sidle       | ZIIF COUR   |                  |              |                      |           |                            |                        |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 50 of 64

Case number (if known)\_

Luciano Munoz-Diaz

Debtor 1

| nsiders include your relations of which you   | a business you operate as a s  | elatives of any on in control, o | general partners; p<br>r owner of 20% or | partnerships of whic more of their voting |                                    |
|---|--|----------------------------------|--|---|------------------------------------|
| <b>1</b> No   |  |                                  |  |   |                                    |
| Yes. List all payment   | s to an insider.   |                                  |  |   |                                    |
|   |  | Dates of<br>payment              | Total amount paid                        | Amount you still<br>owe                   | Reason for this payment            |
|   |  |                                  | Ф  | œ.  |                                    |
| Insider's Name  |  |                                  | \$                                       | \$  |                                    |
| Number Street   |  | -                                |  |   |                                    |
|   |  |                                  |  |   |                                    |
| City  | State ZIP Code   |                                  |  |   |                                    |
| In cidenta Name   |  | -                                | \$                                       | \$  |                                    |
| Insider's Name  |  |                                  |  |   |                                    |
| Number Street   |  | -                                |  |   |                                    |
|   |  |                                  |  |   |                                    |
|   |  |                                  |  |   |                                    |
| City  | State ZIP Code   |                                  |  |   |                                    |
| fithin 1 year before you<br>n insider?<br>nclude payments on det<br>1 No  |  | / an insider.                    |  |   | n account of a debt that benefited |
| fithin 1 year before you<br>n insider?<br>nclude payments on det<br>1 No  | u filed for bankruptcy, did y  |                                  | Total amount paid                        | fer any property o  Amount you still owe  |                                    |
| ithin 1 year before you<br>n insider?<br>nclude payments on deb<br>1 No   | u filed for bankruptcy, did y  | y an insider.  Dates of          | Total amount                             | Amount you still                          | Reason for this payment            |
| fithin 1 year before your insider? Include payments on det  No Yes. List all payment                            | u filed for bankruptcy, did y  | y an insider.  Dates of          | Total amount paid                        | Amount you still owe                      | Reason for this payment            |
| Ithin 1 year before your insider? Include payments on det No Yes. List all payment Insider's Name Number Street | u filed for bankruptcy, did yots guaranteed or cosigned by sthat benefited an insider. | y an insider.  Dates of          | Total amount paid                        | Amount you still owe                      | Reason for this payment            |
| lithin 1 year before your insider? Include payments on det No Yes. List all payment                             | u filed for bankruptcy, did y  | y an insider.  Dates of          | Total amount paid                        | Amount you still owe                      | Reason for this payment            |
| Ithin 1 year before your insider? Include payments on det No Yes. List all payment Insider's Name Number Street | u filed for bankruptcy, did yots guaranteed or cosigned by sthat benefited an insider. | y an insider.  Dates of          | Total amount paid                        | Amount you still owe                      | Reason for this payment            |

City

State

ZIP Code

Entered 09/20/17 14:44:20 Desc Main Case 17-28146 Doc 1 Filed 09/20/17 Document Page 51 of 64

Luciano Munoz-Diaz Debtor 1

| thin 1 year before you filed for bankrupto<br>t all such matters, including personal injury<br>d contract disputes.  |   |  |                 |  |
|--|---|--|-----------------|--|
| No   |   |  |                 |  |
| Yes. Fill in the details.  |   |  |                 |  |
|  | Nature of the case  | Court or agency  |                 | Status of the case                           |
| Coop title   |   |  |                 | — Pending                                    |
| Case title   |   | Court Name   |                 | On appeal                                    |
|  |   | Number Street  |                 | Concluded                                    |
| Case number  |   |  |                 |  |
|  |   | City State   | ZIP Code        |  |
|  |   |  |                 | — Pending                                    |
| Case title   |   | Court Name   |                 | On appeal                                    |
|  |   |  |                 | - on appear                                  |
|  |   | Number Street  |                 | — Concluded                                  |
| Case number  |   | Number Street  |                 | Concluded                                    |
|  |   | City State   | ZIP Code        | _  |
| thin 1 year before you filed for bankruptoeck all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.                               |   | City State y repossessed, foreclosed, garn   |                 | ed, seized, or levied?                       |
| thin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.   |   | City State y repossessed, foreclosed, garn   | nished, attache | ed, seized, or levied?                       |
| thin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.   |   | City State y repossessed, foreclosed, garn   | nished, attache | ed, seized, or levied?                       |
| hin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                         | Describe the prope  | City State  y repossessed, foreclosed, garn  | nished, attache | ed, seized, or levied?  Value of the propert |
| hin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                         | Describe the prope  | City State  y repossessed, foreclosed, garn  erty  | nished, attache | ed, seized, or levied?  Value of the propert |
| thin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                        | Describe the property was   | City State  y repossessed, foreclosed, garn  erty  ened  repossessed.  | nished, attache | ed, seized, or levied?  Value of the propert |
| chin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                        | Describe the prope  | City State  y repossessed, foreclosed, garn  erty  ened erepossessed. eforeclosed.   | nished, attache | ed, seized, or levied?  Value of the propert |
| thin 1 year before you filed for bankrupto<br>eck all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                        | Explain what happed Property was Property was Property was  | City State  y repossessed, foreclosed, garn  erty  ened erepossessed. eforeclosed.   | nished, attache | ed, seized, or levied?  Value of the propert |
| thin 1 year before you filed for bankrupto eck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.  Creditor's Name  Number Street | Explain what happed Property was Property was Property was  | city State  y repossessed, foreclosed, garn  erty  ened erepossessed. foreclosed. garnished. eattached, seized, or levied. | nished, attache | ed, seized, or levied?  Value of the propert |
| thin 1 year before you filed for bankruptoeck all that apply and fill in the details below No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street | Explain what happed Property was Property was Property was Property was Property was Property was | city State  y repossessed, foreclosed, garn  erty  ened erepossessed. foreclosed. garnished. eattached, seized, or levied. | Date            | value of the propert                         |

City

State ZIP Code

☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished.

☐ Property was attached, seized, or levied.

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 52 of 64

| Debtor 1 | Luciano N  | Munoz-Diaz  |           | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

| No   |   |                           |            |
|--|---|---------------------------|------------|
| Yes. Fill in the details.  |   |                           |            |
|  | Describe the action the creditor took                 | Date action was taken     | Amount     |
| Creditor's Name  | -   | wao takon                 |            |
|  |   |                           | \$         |
| Number Street  |   |                           | T          |
|  | -   |                           |            |
| City State ZIP Code  | Last 4 digits of account number: XXXX                 |                           |            |
|  |   |                           |            |
|  | cy, was any of your property in the possession of     | an assignee for the benef | it of      |
| litors, a court-appointed receiver, a cu<br>No   | stodian, or another official?                         |                           |            |
| vo<br>Yes  |   |                           |            |
| _  |   |                           |            |
| List Certain Gifts and Contribu  | itions  |                           |            |
|  |   |                           |            |
|  | etcy, did you give any gifts with a total value of mo | re than \$600 per person? |            |
| No   |   |                           |            |
| Yes. Fill in the details for each gift.  |   |                           |            |
| Gifts with a total value of more than \$600 per person   | Describe the gifts                                    | Dates you gave the gifts  | Value      |
|  |   |                           |            |
|  |   |                           |            |
| Person to Whom You Gave the Gift   | _   |                           | \$         |
| Person to Whom You Gave the Gift   | _   |                           | \$         |
| Person to Whom You Gave the Gift   | _   |                           | \$<br>\$   |
| Person to Whom You Gave the Gift   | _   |                           | \$<br>\$   |
|  | -   |                           | \$         |
|  | -   |                           | \$         |
| Number Street  Sity State ZIP Code   | -   |                           | \$\$       |
| Number Street  Sity State ZIP Code   | -   |                           | \$<br>\$   |
| Jumber Street  Sity State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600                          | Describe the gifts                                    | Dates you gave the gifts  | \$\$<br>\$ |
| Jumber Street  Sity State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600                          | Describe the gifts                                    |                           | \$         |
| State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 per person                                   | Describe the gifts                                    |                           | \$         |
| lumber Street  | Describe the gifts                                    |                           | \$         |
| State ZIP Code Person's relationship to you  Sifts with a total value of more than \$600 per person                                    | Describe the gifts                                    |                           | \$         |
| State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift | Describe the gifts                                    |                           |            |
| State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 per person                                   | Describe the gifts                                    |                           | \$         |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 53 of 64

| First Name Middle Name La   | St Name Case number (if kno  | own)                   |                          |
|---|--|------------------------|--------------------------|
| FII'St Name Middle Name La  | stivame  |                        |                          |
|   |  |                        |                          |
|   | ptcy, did you give any gifts or contributions with a total   | value of more than \$6 | 00 to any charity        |
| No<br>Yes. Fill in the details for each gift or cor                             | atribution   |                        |                          |
| res. I ill ill the details for each gift of col                                 | inibution.   |                        |                          |
| Gifts or contributions to charities that total more than \$600                  | Describe what you contributed  | Date you contributed   | Value                    |
| ***************************************   |  |                        |                          |
|   |  |                        | ф.                       |
| Charity's Name  | -  |                        | Φ                        |
|   |  |                        | \$                       |
|   |  |                        | ,                        |
| Number Street   | _  |                        |                          |
|   |  |                        |                          |
| City State ZIP Code   | _  |                        |                          |
| City State ZIP Code   |  |                        |                          |
| _   |  |                        |                          |
| List Certain Losses   |  |                        |                          |
| Describe the property you lost and how the loss occurred                        | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insura claims on line 33 of Schedule A/B: Property. | Date of your loss      | Value of propert<br>lost |
|   |  |                        |                          |
|   |  |                        | \$                       |
|   |  |                        |                          |
| List Certain Payments or Tra  |  |                        |                          |
|   |  |                        |                          |
| hin 1 year before you filed for bankru <br>ı consulted about seeking bankruptcy | otcy, did you or anyone else acting on your behalf pay or<br>or preparing a bankruptcy petition?   | transfer any property  | to anyone                |
|   | reparers, or credit counseling agencies for services required  | in your bankruptcy.    |                          |
| No  |  |                        |                          |
| Yes. Fill in the details.   |  |                        |                          |
| Law Offices of Martin J. O'Hearn  | Description and value of any property transferred  | Date payment or        | Amount of paym           |
| Person Who Was Paid   |  | transfer was made      |                          |
| 10047 S. Western Avenue   | Attorney's Fees  |                        | 4 400                    |
| Number Street   | 1/31/2017 - \$400.00<br>3/11/2017 - \$300.00   |                        | \$1,400.                 |
|   | 6/9/2017 - \$100.00  |                        | ¢                        |
| Chicago IL 60643  | 6/21/2017 - \$400.00   |                        | Φ                        |
| City State ZIP Code   | 9/14/2017 - \$200.00   |                        |                          |
| Email or website address  |  |                        |                          |
|   |  |                        |                          |
| Person Who Made the Payment, if Not You   |  |                        |                          |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 54 of 64

Case number (if known)\_\_

Debtor 1 Luciano Munoz-Diaz

Last Name

Middle Name

|  | Description and value of any property  | transferred                 | Date payment or<br>transfer was made    | Amount of<br>payment |
|--|--|-----------------------------|---|----------------------|
| Access Counseling Inc. Person Who Was Paid   | Credit Counseling  |                             |   |                      |
| T Groot Who Was I ala  | g a com o com og   |                             | 06/06/2017                              | \$14.9               |
| Number Street  | -  |                             |   |                      |
|  | _  |                             |   | \$                   |
| City State ZIP Code  | -  |                             |   |                      |
| •  |  |                             |   |                      |
| www.AccessBk.org Email or website address  | _  |                             |   |                      |
| Person Who Made the Payment, if Not You  |  |                             |   |                      |
| not include any payment or transfer that No<br>Yes. Fill in the details.   |  | , tuan afavoral             | Data was was and as                     | A                    |
|  | Description and value of any property  | transferred                 | Date payment or<br>transfer was<br>made | Amount of payme      |
| Person Who Was Paid  |  |                             |   |                      |
| Number Street  | -  |                             |   | \$                   |
|  | _  |                             |   | \$                   |
| City State ZIP Code  |  |                             |   |                      |
| nin 2 years before you filed for bankru  |  | e transfer any property     | to arryone, outer the                   | an property          |
| sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have you have you.   | r business or financial affairs?<br>made as security (such as the granting   |                             |   |                      |
| sferred in the ordinary course of your<br>ude both outright transfers and transfers<br>not include gifts and transfers that you have<br>No   | r business or financial affairs?<br>made as security (such as the granting   |                             | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your<br>ude both outright transfers and transfers<br>not include gifts and transfers that you have<br>No   | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property             | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have the transfers that you have transfers to the transfers that you have transfers to the transfers that you have transfers that yo | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property             | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have No Yes. Fill in the details.  Person Who Received Transfer  | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property             | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have the transfers that you have transfe | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your ude both outright transfers and transfers not include gifts and transfers that you have to include gifts and transfers that you have the second s | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your deboth outright transfers and transfers not include gifts and transfers that you have not include gifts and transfers.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you  | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred | of a security interest or r | nortgage on your pro                    | operty).             |
| sferred in the ordinary course of your deboth outright transfers and transfers and transfers and include gifts and transfers that you have to include gifts and transfers that you have the solution of the series of the series of transfer and transfer are series of transfer and transfer and transfer are series of transfer and transfer are series and transfer are series and transfer and transfer are series and transfer and transfer are series and transfer are series are series and transfer and transfer are series are series are series and transfer are series a | r business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred | of a security interest or r | nortgage on your pro                    | operty).             |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main

Luciano Munoz-Diaz

Middle Name

Last Name

First Name

Debtor 1

| Casc 11 20170 | DUCI | 1 1100 03/20/11 |               | DC3C Main |
|---------------|------|-----------------|---------------|-----------|
|               |      | Document        | Page 55 of 64 |           |

Case number (if known)\_\_

| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)    No  |          |                                 |                                    |               |                |                           |         |             |
|--|----------|---------------------------------|------------------------------------|---------------|----------------|---------------------------|---------|-------------|
| Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument or transferred  Name of Financial Institution  XXXX Checking \$                                     |          |                                 |                                    | ty to a self- | settled trust  | or similar device of w    | hich yo | ou          |
| Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument  closed, sold, moved, or transferred  Name of Financial Institution  XXXX                       |          |                                 | ,                                  |               |                |                           |         |             |
| Name of trust    Name of trust   |          |                                 |                                    |               |                |                           |         |             |
| Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number instrument  Type of account or instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX              |          |                                 | Description and value of the prope | rty transferr | ed             |                           |         |             |
| Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  I No  Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument  Type of account was closed, sold, moved, or transferred  Name of Financial Institution  XXXX |          |                                 |                                    |               |                |                           |         |             |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument  Type of account was closed, sold, moved, or transferred  Name of Financial Institution  XXXX  | Ī        | Name of trust                   |                                    |               |                |                           | -       | <del></del> |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument  Type of account was closed, sold, moved, or transferred  Name of Financial Institution  XXXX  |          |                                 |                                    |               |                |                           |         |             |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Type of account was closed, sold, moved, or transferred  Name of Financial Institution  XXXX   | -        |                                 |                                    |               |                |                           |         |             |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Type of account was closed, sold, moved, or transferred  Name of Financial Institution  XXXX   |          | _                               |                                    |               |                |                           |         |             |
| closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  ✓ No  ☐ Yes. Fill in the details.  ☐ Last 4 digits of account number ☐ Type of account or instrument ☐ Date account was closed, sold, moved, or transferred ☐ Checking ☐ Checking  \$  | Part 8   | List Certain Financial Accounts | , Instruments, Safe Deposit        | Boxes, a      | nd Storage     | Units                     |         |             |
| Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number  Type of account or instrument  Type of account or closed, sold, moved, or transferred  Name of Financial Institution  XXXX  |          |                                 | cy, were any financial accounts o  | r instrume    | nts held in yo | our name, or for your     | benefit | ı           |
| brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Pes. Fill in the details.  Last 4 digits of account number Type of account or instrument  Type of account or closed, sold, moved, or transferred  Name of Financial Institution  XXXX   |          |                                 | or other financial accounts: certi | ficates of a  | lanacit: char  | as in hanks, cradit un    | ione    |             |
| Last 4 digits of account number       Type of account or instrument       Date account was closed, sold, moved, or transferred       Last balance before closing or transfer         Name of Financial Institution       XXXX  |          |                                 |                                    |               |                | es ili baliks, credit dii | 10115,  |             |
| Last 4 digits of account number  Type of account or instrument  Type of account or closed, sold, moved, or transferred  Last balance before closing or transfer  Checking  \$  | <b>4</b> | No                              |                                    |               |                |                           |         |             |
| Name of Financial Institution  XXXX Closed, sold, moved, or transferred  Closed, sold, moved, or transferred  \$   |          | Yes. Fill in the details.       |                                    |               |                |                           |         |             |
| XXXX \$  |          |                                 | Last 4 digits of account number    | • •           |                | closed, sold, moved,      |         |             |
| XXXX \$  |          | Name of Financial Institution   |                                    | _             |                |                           |         |             |
|  |          |                                 | XXXX                               |               | •              |                           | \$      |             |
| Number Street  |          | Number Street                   |                                    |               |                |                           |         |             |
| Money market   |          |                                 |                                    |               |                |                           |         |             |
| City State ZIP Code Brokerage  Other   |          | City State ZIP Code             |                                    |               | _              |                           |         |             |
| Other  | -        | •                               |                                    | ■ Other_      |                |                           |         |             |
| xxxx-  |          |                                 | XXXX-                              | ☐ Check       | ina            |                           | \$      |             |
| Name of Financial Institution  |          | Name of Financial Institution   |                                    |               | _              |                           | -       |             |
| Number Street Money market   |          | Number Street                   |                                    | _             |                |                           |         |             |
| Brokerage  |          |                                 |                                    | ☐ Broke       | rage           |                           |         |             |
| Other  |          |                                 |                                    | Other_        |                |                           |         |             |
| City State ZIP Code  |          | City State ZIP Code             |                                    |               |                |                           |         |             |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for   |          |                                 | year before you filed for bankrup  | otcy, any sa  | afe deposit be | ox or other depository    | y for   |             |
| securities, cash, or other valuables?<br>☑ No  |          |                                 |                                    |               |                |                           |         |             |
| Yes. Fill in the details.  |          |                                 |                                    |               |                |                           |         |             |
| Who else had access to it?  Describe the contents  Do you still  |          |                                 | Who else had access to it?         |               | Describe the   | contents                  |         |             |
| have it?   |          |                                 |                                    |               |                |                           |         | _           |
| Name of Financial Institution  |          |                                 |                                    |               |                |                           |         |             |
| Name of Financial Institution Name   |          | Name of Financial Institution   | Name                               |               |                |                           |         | - res       |
| Number Street Number Street  |          | Number Street                   | Number Street                      |               |                |                           |         |             |
|  |          |                                 |                                    |               |                |                           |         |             |
| City State ZIP Code  |          | ·                               | City State ZIP Code                |               |                |                           |         |             |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 56 of 64

| or 1  | Luciano Munoz-Diaz   |   | Case number (if known)   |                       |
|---|--|---|--|-----------------------|
|   | First Name Middle Name Last  | Name  | , <u>,</u>   |                       |
|   |  |   |  |                       |
| lave y<br>☑ No  |  | or place other than your home within  | n 1 year before you filed for bankruptcy   | ?                     |
|   | o<br>es. Fill in the details.  |   |  |                       |
| <b>—</b> 16   | s. Fill III the details.   | Who else has or had access to it?   | Describe the contents  | Do you sti            |
|   |  | Wild else has of had access to it:  | Describe the contents  | have it?              |
|   |  |   |  | П.,                   |
| ī   | Name of Storage Facility   | Name  |  | ☐ No☐ Yes             |
|   | , , , , , , , , , , , , , , , , , , ,  |   |  | Tes Tes               |
| ī   | Number Street  | Number Street   |  |                       |
|   |  |   |  |                       |
| _   |  | City State ZIP Code   |  |                       |
| ī   | City State ZIP Code  |   |  |                       |
|   |  |   |  |                       |
| rt 9:   | Identify Property You Hold   | or Control for Someone Else   |  |                       |
| Do ve   | ou hold or control any property that s   | omeone else owns? Include any pre   | operty you borrowed from, are storing fo   | or                    |
| _   | old in trust for someone.  | onicone cise owns. molade any pre   | perty you borrowed from, are storing in  | oi,                   |
| <b>☑</b> N  | lo   |   |  |                       |
| □ Y   | es. Fill in the details.   |   |  |                       |
|   |  | Where is the property?  | Describe the property  | Value                 |
|   |  |   |  |                       |
|   |  |   |  | \$                    |
| 7   | Owner's Name   |   |  | Ψ                     |
| i   | Owner's Name   | Number Street   |  | <u> </u>              |
| _   | Owner's Name  Number Street  | Number Street   |  | <u> </u>              |
| _   |  | Number Street   |  | <b>*</b>              |
| i   | Number Street  | Number Street  City State ZIP C   | ode  | <b>4</b>              |
| i   |  |   | ode  | <b>*</b>              |
| i   | Number Street  City State ZIP Code   | City State ZIP C  | ode  |                       |
| int 10  | Number Street  City State ZIP Code  Give Details About Environs  | City State ZIP C  | code   |                       |
| n <b>rt 10</b>  | Number Street  City State ZIP Code  Give Details About Environs  purpose of Part 10, the following defi  | City State ZIP C  mental Information  nitions apply:  |  |                       |
| rt 10<br>r the p  | Number Street  City State ZIP Code  Give Details About Environs  purpose of Part 10, the following definencemental law means any federal, sta  | Tity State ZIP C  mental Information  nitions apply: te, or local statute or regulation con   | cerning pollution, contamination, release  | ses of                |
| rt 10<br>r the p<br>Envir<br>hazar  | Number Street  City State ZIP Code  Give Details About Environs  purpose of Part 10, the following definencemental law means any federal, sta  | nental Information  nitions apply: te, or local statute or regulation con readerial into the air, land, soil, surf  | cerning pollution, contamination, releas<br>face water, groundwater, or other medic  | ses of                |
| rt 10<br>r the p<br>Envir<br>hazar  | City State ZIP Code  City State ZIP Code  City Office Details About Environmental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controlli   | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suring the cleanup of these substances,  | cerning pollution, contamination, releas<br>face water, groundwater, or other medic  | ses of um,            |
| rt 10<br>r the p<br>Envir<br>hazar<br>inclu   | City State ZIP Code  City State ZIP Code  City Office Details About Environmental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controlli   | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suring the cleanup of these substances, rty as defined under any environmer  | cerning pollution, contamination, releas<br>face water, groundwater, or other media<br>, wastes, or material.  | ses of um,            |
| r the p<br>Envir<br>hazar<br>include<br>Site r<br>utilize   | City State ZIP Code  City State ZIP Code  Details About Environs  purpose of Part 10, the following definence of the following de | mental Information  nitions apply: te, or local statute or regulation contraction and the air, land, soil, suring the cleanup of these substances, rty as defined under any environmental it, including disposal sites.   | cerning pollution, contamination, releas<br>face water, groundwater, or other media<br>, wastes, or material.  | ses of<br>um,         |
| r the p<br>Envir<br>hazar<br>include<br>Site r<br>utilize   | City State ZIP Code  City State ZIP Code  Details About Environs  purpose of Part 10, the following definence of the following de | mental Information  nitions apply: te, or local statute or regulation contraction and the air, land, soil, suring the cleanup of these substances, rty as defined under any environmental it, including disposal sites.   | cerning pollution, contamination, releas<br>face water, groundwater, or other medi<br>, wastes, or material.<br>ntal law, whether you now own, operate   | ses of<br>um,         |
| rt 10 r the p Envir hazai inclui Site r utilize Hazai   | City State ZIP Code  City State ZIP Code  Details About Environs  purpose of Part 10, the following definence of the following de | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmer it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.   | cerning pollution, contamination, releas<br>face water, groundwater, or other medit<br>, wastes, or material.<br>ntal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,         |
| r the p Envir hazar inclus Site r utilize Hazar subs  | Give Details About Environs  purpose of Part 10, the following defironmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or propere it or used to own, operate, or utilized redous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings   | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.   | cerning pollution, contamination, release<br>face water, groundwater, or other medic<br>, wastes, or material.<br>Intal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,<br>, or |
| r the p Envir hazar inclus Site r utilize Hazar subs  | Give Details About Environs  purpose of Part 10, the following defironmental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or propere it or used to own, operate, or utilized redous material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings   | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.   | cerning pollution, contamination, releas<br>face water, groundwater, or other medit<br>, wastes, or material.<br>ntal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,<br>, or |
| rt 10 r the p Envir hazar inclus Site r utilize Hazar subse port a  | Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli means any location, facility, or prope e it or used to own, operate, or utilize rdous material means anything an en tance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.   | cerning pollution, contamination, release<br>face water, groundwater, or other medic<br>, wastes, or material.<br>Intal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,<br>, or |
| r the period of | Give Details About Environs purpose of Part 10, the following defi ronmental law means any federal, sta rdous or toxic substances, wastes, o ding statutes or regulations controlli means any location, facility, or prope e it or used to own, operate, or utilize rdous material means anything an en tance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | nental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.   | cerning pollution, contamination, release<br>face water, groundwater, or other medic<br>, wastes, or material.<br>Intal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,<br>, or |
| r the period of | Give Details About Environs  Purpose of Part 10, the following definence of the following definence of the following statutes or regulations controllismeans any location, facility, or proper it or used to own, operate, or utilized or down and the following an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | mental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term. It that you know about, regardless of at you may be liable or potentially lia                       | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.   | ses of um, , or :     |
| r the period of | Give Details About Environs  Purpose of Part 10, the following definence of the following definence of the following statutes or regulations controllismeans any location, facility, or proper it or used to own, operate, or utilized or down and the following an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | mental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term. It that you know about, regardless of at you may be liable or potentially lia                       | cerning pollution, contamination, release<br>face water, groundwater, or other medic<br>, wastes, or material.<br>Intal law, whether you now own, operate<br>dous waste, hazardous substance, toxic  | ses of<br>um,<br>, or |
| r the period of | Give Details About Environs  Purpose of Part 10, the following definence of the following definence of the following statutes or regulations controllismeans any location, facility, or proper it or used to own, operate, or utilized or down and the following an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | mental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term. It that you know about, regardless of at you may be liable or potentially lia                       | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.   | ses of um, , or :     |
| r the property for the | Give Details About Environs  Purpose of Part 10, the following definence of the following definence of the following statutes or regulations controllismeans any location, facility, or proper it or used to own, operate, or utilized or down and the following an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the  | mental Information  nitions apply: te, or local statute or regulation con r material into the air, land, soil, suri ng the cleanup of these substances, rty as defined under any environmen it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term. It that you know about, regardless of at you may be liable or potentially lia                       | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.  The when they occurred.  The when or in violation of an environment of the water or in violation of an environment of the water or in violation or in violation of the water or in violation of the water or in violation or in violation of the water or in violation or in viol | ses of um, , or :     |
| r the property for the | Give Details About Environs  Give Details About Environs  purpose of Part 10, the following definenmental law means any federal, standous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or proper it or used to own, operate, or utilized and anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the location of the second statement of the  | mental Information  nitions apply: te, or local statute or regulation contraction into the air, land, soil, suring the cleanup of these substances, rety as defined under any environmental it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.  In that you know about, regardless of at you may be liable or potentially liated.                  | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.  The when they occurred.  The when or in violation of an environment of the water or in violation of an environment of the water or in violation or in violation of the water or in violation of the water or in violation or in violation of the water or in violation or in viol | ses of um, , or :     |
| r the property for the | Give Details About Environs  Give Details About Environs  purpose of Part 10, the following definenmental law means any federal, standous or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or proper it or used to own, operate, or utilized and anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you the location of the second statement of the  | mental Information  nitions apply: te, or local statute or regulation contraction into the air, land, soil, suring the cleanup of these substances, rety as defined under any environmental it, including disposal sites.  evironmental law defines as a hazard contaminant, or similar term.  In that you know about, regardless of at you may be liable or potentially liated.                  | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.  The when they occurred.  The when or in violation of an environment of the water or in violation of an environment of the water or in violation or in violation of the water or in violation of the water or in violation or in violation of the water or in violation or in viol | ses of um, , or :     |
| r the property for the | Give Details About Environ  Give Details About Environ  purpose of Part 10, the following defi  ronmental law means any federal, sta  rdous or toxic substances, wastes, o  ding statutes or regulations controlli  means any location, facility, or proper  e it or used to own, operate, or utilize  rdous material means anything an entance, hazardous material, pollutant,  all notices, releases, and proceedings  any governmental unit notified you the  lo  fes. Fill in the details.   | mental Information  nitions apply: te, or local statute or regulation contraction into the air, land, soil, suring the cleanup of these substances, rety as defined under any environmental, including disposal sites.  Invironmental law defines as a hazard contaminant, or similar term.  In that you know about, regardless of at you may be liable or potentially liable.  Governmental unit | cerning pollution, contamination, release water, groundwater, or other medic, wastes, or material.  Intal law, whether you now own, operate dous waste, hazardous substance, toxic when they occurred.  The when they occurred.  The when or in violation of an environment of the water or in violation of an environment of the water or in violation or in violation of the water or in violation of the water or in violation or in violation of the water or in violation or in viol | ses of um, , or :     |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 57 of 64

| Yes, Fill in the details.    Governmental unit   | No   |   |   |   |
|--|--|---|---|---|
| Name of site   Governmental unit   Environmental law, if you know it   Date of notice  |  |   |   |   |
| Number Street  Number Street  Number Street  Number Street  City State ZIP Code  City State ZIP Code  City State ZIP Code  City State ZIP Code  Court or agency Nature of the case Status of the case  Court Name  Court Name  Court Name  Court Name  City State ZIP Code  City State ZiP |  | Governmental unit   | Environmental law, if you know it   | Date of notice  |
| Number Street   Number Street   Number Street   City   State   ZIP Code  |  |   |   |   |
| Number Street    Number Street   Number Street   Number Street   |  |   |   |   |
| City State ZIP Code  Veryou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  No Yes. Fill in the details.    Court or agency  | Name of site   | Governmental unit   |   |   |
| Veryou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  No Yes. Fill in the details.    Court or agency   | Number Street  | Number Street   |   |   |
| No Yes. Fill in the details.    Court or agency  |  | City State ZIP Co   | ode .   |   |
| No  Yes. Fill in the details.  Court or agency  Nature of the case  Case title  Court Name  Number Street  City  State ZIP Code  Court Name  City  State ZIP Code  Court Name  Court Name  City  State ZIP Code  Court Name  City  State ZIP Code  Court Name  Court Name  Number Street  City  State ZIP Code  Court Name  Number Street  City  State ZIP Code  Nature of the case  Status of the case  Court Name  Court Name  Court Name  Court Name  Court Name  Number Street  Name of accountant or bookkeeper  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  Business Name  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  | City State ZIP C   | Code  |   |   |
| No   Yes. Fill in the details.   |  |   |   |   |
| Yes. Fill in the details.    Court or agency   |  | I or administrative proceeding und  | ler any environmental law? Include settleme   | nts and orders.   |
| Case title  Court or agency  Nature of the case  Status of the case  Case title  Court Name  Number Street  City State ZIP Code  Title Give Details About Your Business or Connections to Any Business  Case number  City State ZIP Code  Title Give Details About Your Business or Connections to Any Business  Case number of allowing connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  Business Name  City State ZIP Code  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  Ein:   | No   |   |   |   |
| Case title   | Yes. Fill in the details.  |   |   |   |
| Case number  Case number  Case number  City State ZIP Code    Concluded   Conc |  | Court or agency   | Nature of the case  |   |
| Case number  City State ZIP Code    Conclude   | •  |   |   | dusc  |
| Number Street   Case number   City   State ZIP Code   Conclude     | Case title   | Court Name  |   | ☐ Pending   |
| Number Street   Case number   City   State   ZiP Code  |  | Court Name  |   | On appe   |
| Title Give Details About Your Business or Connections to Any Business    A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  | Number Street   |   |   |
| Ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:   |  | Humber Street   |   | Conclude  |
| thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:  | Case number  | Ott.  | 7/0.0.4   |   |
| thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:   |  | City State  | ZIP CODE  |   |
| A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:   |  |   |   | any business?   |
| An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:   | thin 4 years before you filed for b  | ankruptcy, did you own a business   | s or have any of the following connections to   | any business?   |
| An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:   | thin 4 years before you filed for b<br>A sole proprietor or self-emp<br>A member of a limited liabilit   | ankruptcy, did you own a business<br>loyed in a trade, profession, or oth   | s or have any of the following connections to<br>ner activity, either full-time or part-time  | any business?   |
| No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:  Number Street  Name of accountant or bookkeeper  Dates business existed  From To  Describe the nature of the business  Employer Identification number or ITIN.  EIN: Do not include Social Security number or ITIN.  EIN: To  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN:  | thin 4 years before you filed for board.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  | ankruptcy, did you own a business<br>loyed in a trade, profession, or oth<br>y company (LLC) or limited liability   | s or have any of the following connections to<br>ner activity, either full-time or part-time  | any business?   |
| Yes. Check all that apply above and fill in the details below for each business.    Describe the nature of the business   Employer Identification number   | thin 4 years before you filed for board.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  | ankruptcy, did you own a business<br>loyed in a trade, profession, or oth<br>y company (LLC) or limited liability   | s or have any of the following connections to<br>ner activity, either full-time or part-time  | any business?   |
| Yes. Check all that apply above and fill in the details below for each business.    Describe the nature of the business   Employer Identification number   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  | ankruptcy, did you own a business<br>loyed in a trade, profession, or oth<br>y company (LLC) or limited liability<br>ging executive of a corporation  | s or have any of the following connections to<br>ner activity, either full-time or part-time<br>y partnership (LLP)   | any business?   |
| Business Name    Describe the nature of the business   Employer Identification number  | thin 4 years before you filed for both A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manag   | ankruptcy, did you own a business loyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a co   | s or have any of the following connections to<br>ner activity, either full-time or part-time<br>y partnership (LLP)   | any business?   |
| Number Street   Name of accountant or bookkeeper   Dates business existed  | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies.   | ankruptcy, did you own a business loyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation to to Part 12.   | s or have any of the following connections to<br>ner activity, either full-time or part-time<br>y partnership (LLP)<br>orporation   | any business?   |
| Number Street    Name of accountant or bookkeeper   Dates business existed   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies.   | ankruptcy, did you own a business oloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a coso to Part 12.  | s or have any of the following connections to<br>ner activity, either full-time or part-time<br>y partnership (LLP)<br>orporation<br>h business.  |   |
| Number Street    Name of accountant or bookkeeper   Dates business existed   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G   | ankruptcy, did you own a business oloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a coso to Part 12.  | s or have any of the following connections to<br>ner activity, either full-time or part-time<br>y partnership (LLP)<br>orporation<br>h business.  | on number   |
| Name of accountant or bookkeeper    Dates business existed   From To   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G   | ankruptcy, did you own a business oloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a coso to Part 12.  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social   | on number<br>Security number or ITIN.   |
| City State ZIP Code  Describe the nature of the business Employer Identification number  Do not include Social Security number or ITIN.  EIN:  | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G  Yes. Check all that apply above a  | ankruptcy, did you own a business oloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a coso to Part 12.  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social   | on number<br>Security number or ITIN.   |
| City State ZIP Code  Describe the nature of the business Employer Identification number  Do not include Social Security number or ITIN.  EIN:  | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G  Yes. Check all that apply above a  | ankruptcy, did you own a business loyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation of to Part 12. and fill in the details below for each Describe the nature of the business  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business.  usiness  Employer Identification Do not include Social  EIN:  | on number<br>Security number or ITIN.   |
| Business Name  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G  Yes. Check all that apply above a  | ankruptcy, did you own a business loyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation of to Part 12. and fill in the details below for each Describe the nature of the business  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business.  usiness  Employer Identification Do not include Social  EIN:  | on number<br>Security number or ITIN.   |
| Business Name  EIN:  Number Street   | thin 4 years before you filed for b.  A sole proprietor or self-emp  A member of a limited liabilit  A partner in a partnership  An officer, director, or manag  An owner of at least 5% of th  No. None of the above applies. G  Yes. Check all that apply above a  | ankruptcy, did you own a business loyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation of to Part 12. and fill in the details below for each Describe the nature of the business  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social  EIN:  ckeeper  Dates business existe   | on number<br>Security number or ITIN.<br>———————————————————————————————————— |
| EIN:   | thin 4 years before you filed for both A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manage An owner of at least 5% of the No. None of the above applies. Generally above a Business Name  | ankruptcy, did you own a business cloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a cost to Part 12.  and fill in the details below for each Describe the nature of the business of accountant or book  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social  EIN:  ckeeper  Dates business existe   | on number<br>Security number or ITIN.<br>———————————————————————————————————— |
| Number Street  | thin 4 years before you filed for both A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manage An owner of at least 5% of the No. None of the above applies. Generally above a Business Name  | ankruptcy, did you own a business cloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a cost to Part 12.  and fill in the details below for each Describe the nature of the business of accountant or book  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social  EIN:  ckeeper  Dates business existed  From To business  Employer Identification  Employer Identification  Dates business existed  Employer Identification   | on number Security number or ITIN.  |
| Number Street  | thin 4 years before you filed for both A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manage An owner of at least 5% of the No. None of the above applies. Generally above a Business Name  | ankruptcy, did you own a business cloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a cost to Part 12.  and fill in the details below for each Describe the nature of the business of accountant or book  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification  Do not include Social  EIN:  ckeeper  Dates business existed  From To business  Employer Identification  Employer Identification  Dates business existed  Employer Identification   | on number Security number or ITIN.  |
|  | thin 4 years before you filed for both A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manage An owner of at least 5% of the No. None of the above applies. Generally above a Business Name  | ankruptcy, did you own a business cloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a cost to Part 12.  and fill in the details below for each Describe the nature of the business of accountant or book  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification Do not include Social  EIN:  ckeeper  Dates business existed  From To usiness  Employer Identification Do not include Social   | on number Security number or ITIN.  ed  o on number Security number or ITIN.  |
|  | thin 4 years before you filed for both in 4 years before you filed for both in 2 A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or managed An owner of at least 5% of the No. None of the above applies. Government of the Apply above and the App | ankruptcy, did you own a business cloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a cost to Part 12.  and fill in the details below for each Describe the nature of the business of accountant or book  | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification Do not include Social  EIN:  ckeeper  Dates business existed  From To usiness  Employer Identification Do not include Social   | on number Security number or ITIN.  ed  o on number Security number or ITIN.  |
|  | thin 4 years before you filed for both in 4 years before you filed for both in 2 A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or managed An owner of at least 5% of the No. None of the above applies. Government of the Apply above and the App | ankruptcy, did you own a business aloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation and fill in the details below for each Describe the nature of the business of accountant or book Describe the nature of the business of accountant or book Describe the nature of the business of | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification Do not include Social  EIN:  kkeeper  Dates business existed  From To not include Social  Employer Identification Do not include Social  EIN: To not include Social  EIN: To not include Social  EIN:  | on number Security number or ITIN.  ed  o on number Security number or ITIN.  |
| From To  | thin 4 years before you filed for both in 4 years before you filed for both in 2 A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or managed An owner of at least 5% of the No. None of the above applies. Government of the Apply above and the App | ankruptcy, did you own a business aloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation and fill in the details below for each Describe the nature of the business of accountant or book Describe the nature of the business of accountant or book Describe the nature of the business of | s or have any of the following connections to her activity, either full-time or part-time y partnership (LLP)  orporation  h business  Employer Identification Do not include Social  EIN:  kkeeper  Dates business existed  From To not include Social  Employer Identification Do not include Social  EIN: To not include Social  EIN: To not include Social  EIN:  | on number Security number or ITIN.  ed  o on number Security number or ITIN.  |
| City State ZIP Code  | thin 4 years before you filed for both In A sole proprietor or self-emp A member of a limited liability A partner in a partnership An officer, director, or manage An owner of at least 5% of the No. None of the above applies. Generally above a Business Name  Number Street  Business Name  Rusiness Name  Street  | ankruptcy, did you own a business aloyed in a trade, profession, or oth y company (LLC) or limited liability ging executive of a corporation e voting or equity securities of a corporation and fill in the details below for each Describe the nature of the business.  Name of accountant or book  Name of accountant or book   | s or have any of the following connections to the activity, either full-time or part-time and partnership (LLP)  orporation  th business.  usiness  Employer Identification Do not include Social  EIN:  fixeeper  Dates business existed  From To usiness  Employer Identification Do not include Social  EIN: To usiness  Employer Identification Do not include Social  EIN: Do not include Social | on number Security number or ITIN.  ed  on number Security number or ITIN.    |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 58 of 64

|   | IOZ-DIAZ                               | Name Case nur  | Case number (if known)   |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
|   |  | Describe the nature of the business  | Employer Identification number  Do not include Social Security number or ITIN. |  |  |
| Business Name   |  | •  | EIN:   |  |  |
| Number Street   |  | Name of accountant or bookkeeper   | Dates business existed   |  |  |
| City  | State ZIP Code                         |  | From To  |  |  |
|   |  |  |  |  |  |
| stitutions, creditors,<br>Í No<br>Í Yes. Fill in the deta         | or other parties.                      | ptcy, dld you give a financial statement to anyon  |  |  |  |
|   |  | Date issued  |  |  |  |
| Name  | <del>-</del>                           | MM / DD / YYYY   |  |  |  |
| Number Street   |  |  |  |  |  |
|   |  |  |  |  |  |
| City  | State ZIP Code                         |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| 12: Sign Below  |  |  |  |  |  |
| answers are true and<br>in connection with a                      | correct. I understan                   | nt of Financial Affairs and any attachments, and and that making a false statement, concealing pront of the fines up to \$250,000, or imprisonment | pperty, or obtaining money or property by fraud                                |  |  |
| A 1   | N/                                     | · 🕊  |  |  |  |
| Signature of Debtor   |  | Signature of Debtor 2  |  |  |  |
| Signature of Debtor   | 7                                      | Signature of Debtor 2  Date  |  |  |  |
| Signature of Debtor  Date 9/15/1                                  | 7                                      | Signature of Debtor 2  | ing for Bankruptcy (Official Form 107)?  |  |  |
| Signature of Debtor   | 7                                      | Signature of Debtor 2  Date  | ing for Bankruptcy (Official Form 107)?  |  |  |
| Signature of Debtor  Date 9/15/1  Did you attach addition  No Yes | 1<br>2<br>Onal pages to Yo <i>ur</i> S | Signature of Debtor 2  Date  |  |  |  |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 59 of 64

B2030 (Form 2030) (12/15)

# United States Donlymentory Count

|    |            | U   | mied States E   | sankrupicy Co   | urt  |                      |
|----|------------|---|---|---|--|----------------------|
|    |            | <u>1</u>  | Northern Dist   | rrict Of Illinois   |  |                      |
| In | re         |   |   |   |  |                      |
| L  | uci        | ano Munoz-Dia                                     | Z   | Case No.  |  | _                    |
| De | btor       | $r(\mathbf{s})$                                   |   | Chapter _   | 7  | _                    |
|    |            | DISCLOSU  | RE OF COMPENSAT   | ION OF ATTORNEY F   | OR DEBTOR  |                      |
| 1. | nar<br>bar | med debtor(s) and that co                         | impensation paid to me v<br>paid to me, for services                    | 2016(b), I certify that I am<br>within one year before the<br>rendered or to be rendere<br>cy case is as follows: | filing of the petition in                            | ı                    |
|    | For        | r legal services, I have ag                       | greed to accept   |   | <u>\$</u> 1400.00                                    |                      |
|    | Pri        | or to the filing of this sta                      | tement I have received.   |   | \$_1400.00   |                      |
|    |            |   |   |   |  |                      |
| 2. | Th         | e source of the compensa                          | ation paid to me was:   |   |  |                      |
|    |            | <b>✓</b> Debtor                                   | Other (specify)   |   |  |                      |
| 3. | The        | e source of compensation                          | to be paid to me is:  |   |  |                      |
|    |            | <b>✓</b> Debtor                                   | Other (specify)   |   |  |                      |
| 4. |            | I have not agreed to members and associates       | o share the above-disclos<br>s of my law firm.                          | ed compensation with an   | y other person unless th                             | ney are              |
|    |            | members or associates                             | are the above-disclosed of my law firm. A copy ompensation, is attached | compensation with a other   | r person or persons who<br>r with a list of the name | are not<br>es of the |
| 5. |            | return for the above-discle, including:           | osed fee, I have agreed   | o render legal service for  | all aspects of the banks                             | ruptcy               |
|    | a.         | Analysis of the debtor' file a petition in bankru | -   | rendering advice to the d   | ebtor in determining w                               | hether to            |
|    | b.         | Preparation and filing o                          | of any petition, schedules  | s, statements of affairs and  | l plan which may be re                               | quired;              |
|    | c.         | Representation of the dehearings thereof;         | ebtor at the meeting of c   | reditors and confirmation   | hearing, and any adjou                               | rned                 |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 60 of 64

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

9/13/17

Signature of Attorney

Law Offices of Martin J. O'Hearn

10047 South Western Avenue

Chicago, IL 60643

(773)238-4400

Atty Reg# 6185904

Law Offices of Martin J. O'Hearn

4/2008

CHAPTER 7 – Individual Debtor Contract for Legal Services

Total Attorneys Fees \$1,400.00 Advance Payment Retainer Filing Fees \$335.00 to be paid prior to filing

I retain the Law Offices of Martin J. O'Hearn to prepare and file a Chapter 7 Bankruptcy Petition and to represent me in this matter. I understand and agree that:

- 1. The attorney fees stated above do not include representation in any: post-petition motion; dischargeability action; judicial lien avoidance; relief from stay action; any adversary proceedings; or any post filing legal services.
- 2. I shall attend a mandatory Meeting of Creditors approximately four weeks after my case is filed. If I have not received notice of the date of my Meeting of Creditors within 14 days after my case has been filed, I shall telephone the Law Offices of Martin J. O'Hearn to obtain the date for my Meeting of Creditors;
- 3. I agree to pay all attorney fees and filing fees as agreed above prior to the filing of my case filing;
- 4. I agree that I will fully disclose all financial information to the Law Offices of Martin J. O'Hearn. I shall provide the Law Offices of Martin J. O'Hearn with a complete list of my creditors. I shall disclose all of my assets and debts to the Law Offices of Martin J. O'Hearn and understand that it is a federal crime to intentionally omit information from my bankruptcy petition;
- 5. If additional creditors need to be added to my petition after the case has been filed, there will be an additional charge to amend my petition. Additionally, attorney fees may be modified if substantial changes or additional facts are discovered with regard to my financial situation;
- This bankruptcy will not eliminate liens on real property and/or secured property. This bankruptcy will not discharge: government insured student loans; tuition and fees owed to not-for-profit schools; support obligations; benefit overpayments; government fines (e.g., parking and traffic tickets); DUI charges; certain income taxes; debts owed due to fraud or intentional injuries; or, debts owed to creditors who successfully object to the discharge of their debt or to the entire discharge.
- 7. Creditors are not required to allow debtor(s) to reaffirm their debts;
- 8. I may discontinue the services of the Law Offices of Martin J. O'Hearn at any time and may then be entitled to a refund of unearned fees. In order to discharge the Law Offices of Martin J. O'Hearn, I must submit a written request to do so. Upon receipt of such request, the Law Offices of Martin J. O'Hearn will take approximately 30 days to perform an accounting and a refund check will then be issued for any unearned fees.

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 62 of 64

- 9. I authorize the Law Offices of Martin J. O'Hearn to hire co-counsel or independent attorneys to work on my case and to divide fees with such attorneys on the basis of work and responsibility; and
- 10. I authorize the Law Offices of Martin J. O'Hearn to order and review my credit report.
- 11. I acknowledge that I have received a list of approved Debtor Education Providers to take my Post Filing Personal Financial Management Course and that it shall be my responsibility to take said course after I file my Chapter 7 Bankruptcy Proceeding.

I acknowledge that I have read and been orally advised of the terms of this agreement and that the undersigned attorney has explained to be the differences between filing a Chapter 7 Bankruptcy and a Chapter 13 Bankruptcy.

| Luciane munol | Martin Optiam   |
|---------------|-----------------|
| Debtor        | Martin JO'Hearn |
|               |                 |
| Debtor        |                 |
|               |                 |
| 12-27-16      |                 |

Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 63 of 64

| Fill in this in                 | formation to ider    | ntify your case: | , and the second |
|---------------------------------|----------------------|------------------|--|
| Debtor 1                        | Luciano Munoz-Di     | iaz              |  |
| D. ( )                          | First Name           | Middle Name      | Last Name  |
| Debtor 2<br>(Spouse, if filing) | First Name           | Middle Name      | Last Name  |
| United States                   | Bankruptcy Court for | r the: Northern  | District of Illinois   |
| Case number                     |                      |                  | (State)  |
| (If known)                      |                      |                  |  |
|                                 |                      |                  |  |

#### Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the propert as exempt on Schedule C |
|---|--|---|
| Creditor's One Main fka Springleaf                        | Surrender the property.  | ☐ No  |
| Description of  | Retain the property and redeem it.                               | Yes   |
| property<br>securing debt:                                | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
| 2002 Hyundai Sonata                                       | Retain the property and [explain]:                               |   |
| Creditor's Turner Acceptance                              | ■ Surrender the property.  | □ No  |
|   | Retain the property and redeem it.                               | Yes   |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
| 2001 Chrysler Town & Country                              | Retain the property and [explain]:                               |   |
| Creditor's Turner Acceptance                              | ■ Surrender the property.  | ☐ No  |
|   | Retain the property and redeem it.                               | Yes   |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
| 2003 Chevy Blazer   | Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | Retain the property and redeem it.                               | Yes   |
| Description of<br>property<br>securing debt:              | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
|   | Retain the property and [explain]:                               |   |

12/15

# Case 17-28146 Doc 1 Filed 09/20/17 Entered 09/20/17 14:44:20 Desc Main Document Page 64 of 64

Luciano Munoz-Diaz Debtor 1 Case number (# known) Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: □ No Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. \* LUCIANO mumoz. 1)/102 Signature of Debtor 2 Date

MM / DD / YYYY